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ORIGINAL ARTICLES

METHODS FOR THE CONTROL OF SCARLET FEVER*

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Scarlet fever is probably one of the oldest known diseases. The earliest medical manuscripts contain descriptions of acute diseases accompanied by rashes. At first the various rashes were confused. On account of its characteristic pustular lesions, small pox was soon differentiated from other exanthemata. But the confusions between measles and scarlet fever persisted until the 18th century when Sydenham clearly differentiated scarlet fever from measles.

After the development of Jenner's vaccination against small pox, attempts were made to employ a similar method of vaccinating against scarlet fever; on the assumption that the organism which caused the disease would be present in the skin of the scarlet fever patient. These attempts at vaccination against scarlet fever by means of skin scales were not successful. And the knowledge of scarlet fever was at a standstill during the next hundred years until the development of the science of bacteriology revealed the presence of a variety of organisms associated with scarlet fever predominant among which were streptococci and chiefly the hemolytic streptococcus. But similar organisms were also demonstrated in various other diseases, such as puerperal sepsis, erysipelas and lymphangitis. There was no way of differentiating these various streptococci and no one succeeded in establishing the streptococcus as the cause of scarlet fever. It became generally accepted that this disease must be due to a filterable virus, but it was not possible to prove this theory. During the next fifty years there was another long pause in progress until, as the result of work published in 1923, which included the production of experimental scarlet fever in human beings, we were able to demonstrate that a specific hemolytic streptococcus is the cause of scarlet fever. In most cases this streptococcus does not invade the blood stream but remains localized in the throat, where it causes the angina, and in addition, produces a toxin which is absorbed into the blood and carried to all parts of the body.

We were able to demonstrate that this toxin is responsible for the characteristic symptoms of scarlet fever, including the nausea, vomiting, fever and rash. By injecting comparatively large doses of the sterile toxin, we succeeded in reproducing these symptoms in susceptible human beings.

The discovery of the specific toxin of scarlet fever enabled us to develop:

First, a skin test to determine which individuals are susceptible to scarlet fever, and which are immune. Second, a method of immunizing the susceptible individuals against scarlet fever so that they do not contract the disease on exposure. Third, an antitoxin specific for scarlet fever. Fourth, a method of recognizing scarlet fever streptococci. These four applications of the discovery of the specific toxin furnish the means of controlling scarlet fever.

*Read before the Berrien County Medical Society at Niles, March 23rd, 1927.

SKIN TEST

The skin test to determine susceptibility is made by injecting intradermally .1 cc. of a dilute solution of scarlet fever toxin. The injection should be made on the anterior surface of the forearm, at the junction of the upper and middle thirds. The test is observed 20 to 24 hours after it is made. The observation should be made in a bright light. An area of reddening one centimeter or over, in any diameter, constitutes a positive reaction and indicates some degree of susceptibility to scarlet fever. The positive reaction to scarlet fever differs from the positive Schick test in being more transient and showing no induration. The Schick test for susceptibility to diphtheria may be observed 2 to 4 days after the test is made, but reactions to scarlet fever toxin have usually disappeared in thirty to forty-eight hours; so that the results of observations made more than twenty-four hours after the skin dose of scarlet fever toxin is injected would not be reliable. On the other hand, the test should not be observed too soon—not earlier than twenty hours. The positive reaction to scarlet fever toxin may vary from a very faint pink flush to an intense red, according to the degree of susceptibility of the individual. It may range from one to five centimeters in diameter. The most strongly positive reactions are usually accompanied by slight superficial swelling, without any inundation. We have been impressed with the number of positive skin tests that have been interpreted as negative, especially by physicians accustomed to making Schick tests. It is almost the usual thing for slightly positive reactions to be regarded as negative by those who have not had considerable experience with skin tests for susceptibility to scarlet fever.

If the skin test solution is properly prepared it is not necessary or advisable to use a control, for pseudo reactions are uncommon.

It was pointed out in our earlier publications that the skin test was devised as a means of determining susceptibility to scarlet fever and that it is not a diagnostic procedure. Subsequent experience has shown that this view is correct, but in spite of the warning, some observers have attempted to employ the skin test for the diagnosis of scarlet fever. This is a mistake, for while it is true that the skin test is positive before an attack of scarlet fever and usually negative after the attack, it may become negative in the first forty-eight hours of the disease, before the full development of the rash, and in rare cases, the skin test is modified but still positive after an attack of scarlet fever.

While the use of the skin test with the toxin should be limited to the determination of susceptibility to scarlet fever, the blanching test, with scarlet fever antitoxin, which will be described later, is helpful in the diagnosis of suspected rashes.

Correctly made and interpreted, with accurately standardized and properly prepared material, the skin test has proved a reliable means of determining susceptibility to scarlet fever.

The number of susceptible individuals in any group will vary according to age and previous exposures to scarlet fever. In crowded city schools, or institutions, the number of individuals susceptible may be as low as 15 per cent. In less crowded districts, or in younger age groups, more than 60 per cent may be found susceptible. Many cases of scarlet fever are so mild that they are not diagnosed clinically. This probably accounts for the immunity in those persons who give no history of scarlet fever but have negative skin tests.

In a series of 10,000 skin tests including all ages, 40 per cent were positive and 60 per cent negative. No case of scarlet fever occurred in persons with negative tests and 48 cases have been observed in persons who had shown positive skin tests before exposure to scarlet fever.

IMMUNIZATION

Persons who are susceptible to scarlet fever may be immunized by means of subcutaneous injections of graduated doses of sterile scarlet fever toxin. It is important that the toxin for immunization be properly prepared, so that it contains a minimum amount of foreign protein, and no horse serum or other animal serum. The dosage should be correctly graduated so as to give no harmful reactions, yet confer adequate immunity.

We are at present advising the use of the following dosage which we have found safe and effective:

A first dose of 500 skin test doses of toxin. A second dose of 2,000 skin test doses. A third dose of 8,000 skin test doses. A fourth dose of 25,000 skin test doses. A fifth dose of 65,000 skin test doses given subcutaneously at intervals of five to seven days.

This dosage may be counted on to immunize more than 90% of susceptible persons to the point of an entirely negative

skin test and modify the susceptibility of the remainder.

It should be emphasized that unless the immunization is carried to the point of an entirely negative skin test, complete protection from scarlet fever cannot be expected, though the severity of any subsequent attack would be modified by the partial immunization.

Two weeks after the last immunizing dose of toxin is given, another skin test should be made. If it is not entirely negative, the last immunizing dose should be repeated.

In a series of 4,147 susceptible persons immunized with the dosage mentioned, no harmful reactions have occurred. There is practically always some local reaction about the site of injection which begins to subside in 48 hours. No necrosis, abscesses or sloughs have occurred.

There may or may not be a general reaction, depending on the degree of susceptibility of the person being immunized. The most severe general reactions which occur consist of general malaise and nausea accompanied by a rise in temperature. These symptoms may appear within a few hours and usually subside the following day. There may be a light scarlatinal rash, which disappears in 48 hours. Such reactions are not common and do not follow all doses, even in highly susceptible individuals. General reactions are most likely to occur after the first, second or third dose. By the time the larger doses are reached enough immunity has been acquired to prevent reactions. As a rule the reactions which occur during the course of immunization against scarlet fever are about as severe as those which follow the use of typhoid vaccine or diphtheria toxin-antitoxin mixtures.

While it is not possible at present to give statistics on the duration of the active immunity resulting from administration of these graduated doses of toxin, experience to date indicates that the immunity obtained is comparable in duration to that obtained with immunization against diphtheria, with proper use of diphtheria toxin-anti-toxin mixtures. It is considerably more satisfactory than immunity obtained with some commercial preparations of diphtheria toxin-antitoxin now on the market.

ANTITOXIN

Scarlet fever antitoxin is obtained by immunizing horses with gradually increasing doses of sterile scarlet fever toxin injected subcutaneously. When the horse is producing a good antitoxin, he is bled and the serum is separated and refined by the methods employed for refining and concentrating diphtheria antitoxin. This process removes unnecessary foreign proteins, so that the resulting antitoxin causes fewer and less severe reactions and is of higher potency.

The finished antitoxin is standardized against the toxin and its potency is expressed in the number of skin test doses of toxin neutralized by one cubic centimeter of antitoxin. The therapeutic dose of antitoxin should be about 300,000 of these neutrilizing units, and the prophylactic dose should contain about 100,000 neutralizing units. No satisfactory method of standardizing the antitoxin has been found that does not involve the use of skin tests in human beings. Some observers claimed that goats could be used for this purpose but they are not suitable and serums standardized on goats have been found unreliable. On account of the difficulty of standardization, it has not been possible for the Hygienic Laboratory of the United States Public Health Service to check the claims of the manufacturers. Consequently, there are several preparations of scarlet fever antitoxin on the market which bear on their labels grossly exaggerated claims for potency. Some of these antitoxins are labelled as containing 50,000 or 60,000 neutralizing units per cubic centimeter. When tested they are sometimes found to have less than 10% of the potency claimed.

The fact is that no antitoxin containing even 40,000 neutralizing units per cubic centimeter has been produced. The most potent antitoxin yet obtained contains 35,000 neutralizing units per cubic centimeter. If an antitoxin actually contains as much as 30,000 neutralizing units, ten cubic centimeters or 3,000 units is an adequate therapeutic dose.

It has been shown that properly standardized scarlet fever antitoxin, given in sufficient dosage early in the disease shortens the course of scarlet fever and reduces the frequency and severity of complications. In order to be most effective, the antitoxin should be given as soon as the rash begins to appear. With every day of delay in administering antitoxin there is a diminution in the benefit derived from it. If the antitoxin is withheld until late in the disease, the tissues of the body may be damaged past repair.

There is considerable variation in the severity of scarlet fever. There are mild

forms in which the chief object in giving antitoxin is to reduce the chance of complications to a minimum. From the mild forms there are all possible gradations to the fulminating toxic type in which the patient succumbs in a few days to the toxemia.

The therapeutic dose of antitoxin adopted by the Scarlet Fever Committee, and put out by the manufacturers licensed by the committee, is adequate for the ordinary mild to moderately severe case of scarlet fever. Within 12 to 18 hours after the antitoxin is given in an early case, there is an improvement in the general condition of the patient; the temperature falls and the rash begins to fade. In more severe cases, especially in those complicated by sinus infections, it is sometimes necessary to give a second therapeutic dose of antitoxin 18 to 24 hours after the first dose.

In extremely toxic cases, with high temperature and delirium, it is advisable to give two therapeutic doses at once.

Occasionally, one sees cases of scarlet fever of several day's duration, in which septicemia has developed and the tissues are injured to such an extent that no method of treatment can be expected to effect a cure. In these cases there is usually a marked reduction in the amount of urine. An effort should be made to administer antitoxin early enough to prevent the development of such conditions.

In doubtful rashes, the diagnosis may frequently be established by injecting 2/10 of a cubic centimeter of scarlet fever antitoxin intradermally in an area where the rash is brightest. The result is observed in 18 to 24 hours. If the site of injection is surrounded by a zone in which the rash is blanched, it may be concluded that the rash is that of scarlet fever, since the blanching is due to the neutralization of the scarlet fever toxin by the antitoxin in the locality of the injection. These blanching tests are sometimes difficult to see; especially if the rash is two, or three days old. It is best to stand some distance from the patient in making the observation. In case there is an increased redness at the immediate site of injection due to irritation from the serum or preservative contained in it, it is often possible to see a zone of blanching surrounding the central red spot.

The disease most commonly confused with scarlet fever is German measles. Since the rash of German measles is not blanched by scarlet fever antitoxin, the blanching test furnishes a means of differential diagnosis between these two diseases.

Besides its use in the treatment of scarlet fever and in the diagnostic blanching test, scarlet fever antitoxin is given in prophylactic doses to prevent the development of scarlet fever in persons who have been recently exposed to the disease. If possible, it is best to make nose and throat cultures on blood agar plates and examine them for hemolytic streptococci before giving the prophylactic dose of antitoxin. Comparatively few of the contacts contract scarlet fever on any one exposure. This is due to the fact that some of the contacts are not susceptible to scarlet fever and that those who are susceptible may not become infected. If a person is not susceptible or if he is susceptible but not infected, he does not need antitoxin.

In case the skin test is positive, indicating susceptibility to scarlet fever, and the nose or throat culture is positive for hemolytic streptococci, the prophylactic administration of scarlet fever antitoxin is justified. It should be kept in mind that protection with the antitoxin is an emergency measure which affords only temporary immunity.

As soon as the antitoxin is eliminated from the body, the patient again becomes susceptible to scarlet fever and may contract the disease on a subsequent exposure. The protection conferred by a prophylactic dose of antitoxin cannot be expected to last more than ten days or two weeks. It should be followed by active immunization with the toxin which results in more lasting protection.

In making nose and throat cultures for hemolytic streptococci, the question will naturally arise as to whether the hemolytic streptococci found are scarlet fever streptococci or some other and non-specific streptococcus. The differentiation of scarlet fever streptococci is accomplished by testing the organisms in question for specific toxin production. This is done by culturing the organism in plain broth to which a small amount of sterile human blood has been added. The broth culture is incubated from two to four days; filtered through a Berkefeld "W" filter to remove the bacteria and the sterile filtrate is tested for the presence of scarlet fever toxin. This procedure requires about the same time and facilities as are needed for testing diphtheria cultures for virulence. It is, therefore, impractical for those who do not have rather extensive laboratory

facilities, and it may be left to the Health Department Laboratories.

Fortunately, this test for specificity is not necessary in the majority of instances. It is required only in cases of persistent carriers and under conditions similar to those that necessitate tests for virulence of diphtheria bacilli.

The methods employed to prevent scarlet fever in families, institutions or communities differ, according to whether or not scarlet fever is epidemic at the time. It is simpler to test and immunize during the summer months when scarlet fever is not prevalent than in the winter when exposure to scarlet fever may complicate the situation.

If scarlet fever is not present in a community, it is only necessary to make skin tests and immunize those who show positive skin reactions with graduated doses of the toxin.

TREATMENT

If scarlet fever is present in the community or institution at the time the control of the disease is undertaken, the situation is more complicated. The first thing to be done is to make skin tests on every one, and at the same time make nose and throat cultures on blood agar plates. The cultures are incubated over night and examined in the morning for hemolytic streptococci. Those concerned are divided into infected and non-infected groups according to whether or not hemolytic streptococci are found in their cultures. It is not necessary to test these cultures for specific. The skin tests are observed at the end of 20 to 24 hours. It will be found that the infected group contains a number of persons who are immune to scarlet fever, as demonstrated by negative skin tests. On account of this immunity, they will not contract scarlet fever themselves, but should be quarantined as immune carriers who might infect others. They do not require any treatment and may be released from quarantine after all the susceptibles have been immunized.

The infected group will also contain some who have positive skin tests and are therefore known to be susceptible to scarlet fever. These susceptible and infected persons are in danger of developing scarlet fever. They may be given prophylactic doses of antitoxin at once, or they may be watched closely and given a therapeutic dose of antitoxin on the first appearance of sore throat, malaise, or fever.

In the non-infected group, there will be some with negative skin tests who do not require any further attention, except to be kept from contact with the infected group. The reason for this is that on such contact, they might be infected and become immune carriers.

The non-infected group will also contain a number of persons with positive skin tests indicating susceptibility to scarlet fever. In these, active immunization with the graduated doses of toxin may be begun at once.

The quarantine between infected and non-infected groups should be maintained until immunization of the susceptibles has been completed. One week after the work is started immunization of the susceptibles in the infected group may be begun, regardless of whether they have had antitoxin or not.

Cultures are taken once a week in the infected group and, as they become negative, the individuals concerned are transferred to the non-infected group. It is not worth while to take cultures oftener than once a week.

After the fifth immunizing dose of toxin has been given in the non-infected group, the quarantine may be raised on the infected group and the two groups may be permitted to mingle.

Retests are made two weeks after the last immunizing dose of toxin and extra doses are given where indicated.

If it is not possible to obtain cultures on blood agar plates, the control of an epidemic of scarlet fever is more difficult. Skin tests are made and the persons tested are divided into two groups according to whether or not they are shown to be susceptible. Daily observations of the susceptible group are necessary with administration of therapeutic antitoxin on the appearance of sore throat, fever or malaise. Active immunization is begun at once in the susceptible group. Since it is not possible, without cultures, to isolate infected and contracting the disease until their immunization has been completed.

An epidemic of scarlet fever cannot be controlled by the use of prophylactic doses of antitoxin because, as already pointed out, the antitoxin protects for only 10 days to two weeks, which is not sufficient time for the infected carriers to get rid of the organisms.

It is important in any family or institution to obtain cultures on all possible contacts—the help, visitors, janitors, cooks, waitresses, etc. as well as the immediate

group seeking protection. For one unrecognized carrier may frustrate the most elaborate attempts to control an epidemic. There have been several such instances in our experience, as where a Christian Scientist employed in some capacity about an institution, or a teacher or a cook refused to have a culture taken. Later, when cases of scarlet fever continued to occur in the non-infected group, and these objectors were given the choice of dismissal or culture they were found infected and the new cases of scarlet fever were traced to direct contact with them. On account of these experiences, we now insist that any one who refuses culture be placed under quarantine in the infected group.

We have employed the methods of control outlined here during the past three years in private families, in the preventive medicine clinic of the scarlet fever committee, in hospitals, schools and institutions. The results have been uniformly successful. Scarlet fever has been eliminated from the nursing and interne staffs of four contagious disease hospitals by regulations which require that prospective nurses and internes report for skin tests and preventive immunization before beginning duty in the hospital.

In families where a case of scarlet fever. This has been accomplished in the numerous instances where the families were referred to the preventive medicine clinic of the scarlet fever committee by Health Departments or family physicians.

In 15 institutions comprising about 8,000 persons where epidemics of scarlet fever were present, the methods of control described have been successfully employed.

A word in regard to commercial preparations of scarlet fever toxin seems appropriate here. There are some ricinoleated preparations of scarlet fever toxin described by Larson on the market which it is claimed will immunize against scarlet fever in one or in two doses. It is also claimed that these preparations are "detoxified" and will not cause reactions. Our experience with the ricinoleated preparations indicates that neither the claim as to detoxification or immunization is justified. It is not possible to produce a satisfactory immunity against scarlet fever in the majority of susceptible persons with one or with two doses of any preparation of scarlet fever toxin now available. Institutions have recently come under our observation where attempts had been made to control scarlet fever by the use of a commercial preparation of ricinoleated toxin. Skin tests made on these groups indicated that they had not been successfully protected against scarlet fever. This conclusion was substantiated by the occurrence of scarlet fever in individuals who had received the ricinoleated preparation. For the present, at least, it is best to employ the five graduated doses of toxin in active immunization.

REPORT OF A CASE OF LUPUS ERYTHEMATOSIS IN A NEGRESS

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Mrs. C. T., widow, colored, 54 years old, occupation—housework.

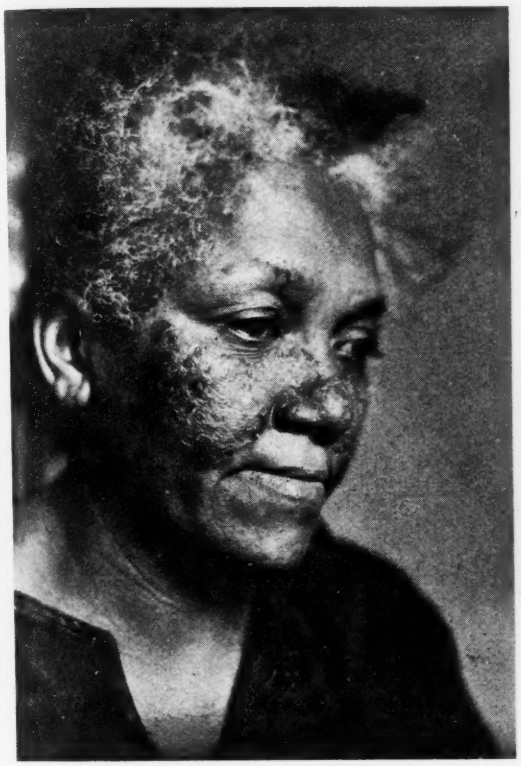
Patient is a stout middle-aged colored woman. Weight 155 pounds, height 5 ft. 1½ inches. Temperature 99° F. Pulse 96, B. P. Systolic 168, Diastolic 90. Eye reflexes normal. Marked arcus senilis, both eyes. Conjunctivae slightly inflamed. External ocular muscles normal. Tonsils flat, not especially septic. Teeth markedly carious.

She has had a skin eruption for six months with severe itching for which she has been taking nature's pills and applying cuticura salve.

The oral cavity shows a number of vesicular lesions on the mucous membranes of the left cheek and lower lip. On the skin of the bridge and tip of the nose and spreading onto both malar regions involving the flush portion of the face is a slightly elevated, confluent, slightly indurated eruption, with closely adherent, whitish scales over the entire area. The color of the eruption is purplish. On the frontal portion of the forehead on each side, is a similar eruption which extends into the scalp with slight alopecia and scarring. These lesions also appear on the scalp over the mastoid regions. Distributed over the trunk and back is a popular eruption. The papules varying in size from a pea to that of a coin, covered by a fine scale which is easily rubbed off, suggesting that these papules began as superficial vesicles. On the back these lesions tend to follow the cleavages of the skin. There is no enlargement of the superficial lymph nodes.

Laboratory Examinations:—Wassermanns taken on January 1, February 5, and February 12, 1927 were all negative. On February 2, bispsies were done from lesions on the face and part of one of the papules on the chest with the following

pathological report. "There is a diffuse round cell infiltration around the blood vessels of the true skin just beneath the papillary layer. There is oedema of the perivascular structure and in this area



Eruption (spread butterfly like) on face. The forehead lesion can fully be seen near the scalp margin.
—Photo by Ruslander.

are lymphocytes, eosinophiles and young connective tissue cells. No plasma cells are seen."

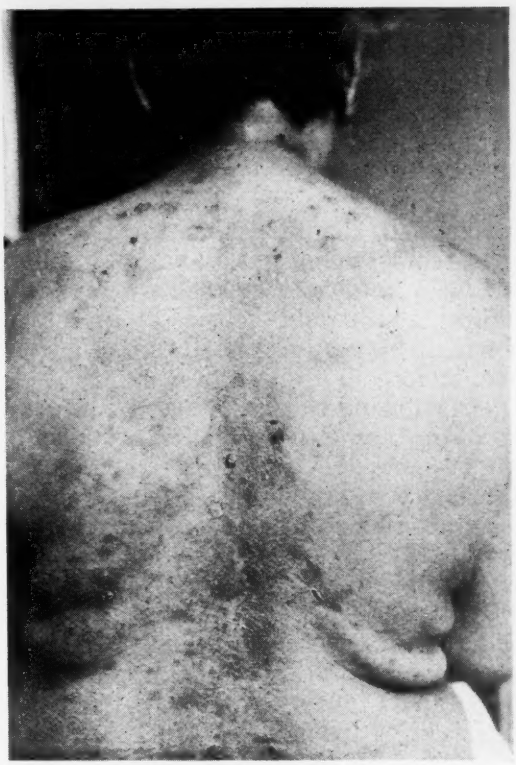
X-Ray Report:—"Examination made of patient's chest shows slight dorsal scoliosis which has its convexity toward the right side. The heart itself is of normal size. There is some prominence of the transverse arch of the aorta. There is no parenchymal involvement of either lung."

Further physical examination shows the lungs to be normal. The heart beat is regular, no definite enlargement, no murmurs, A2, slightly accentuated. Abdomen heavy, no tenderness or masses. The joints show no oedema, deposit or swelling. Reflexes, pupils and patellars prompt, Rhomberg negative.

The medical opinion was that she had a mild arteriosclerosis and slight hypertension.

Her past history was essentially negative. She was married at the age of 24, living with husband several years. She had one child and one miscarriage caused by fall. She stated that no skin disease similar to her present illness was suffered by any other member of her family.

Differential Diagnosis:—This eruption suggested Lupus Erythematosis Disseminatus, Lupus Erythematosis, Erythema Multiformi, Dermatitis Herpetiformis and Tertiary Syphilis. Because of the fact of repeated negative blood reactions and that no other history of syphilis was elicited, this was ruled out. The length of time of the lesions and the lack of other symptoms ruled out Erythema Multiformi, leaving the possibility of Lupus Erythematosis Disseminatus, Lupus Erythematosis and Dermatitis Herpetiformis. While I was not reconciled to making two diagnoses in this case, however, due to the fact that the



Showing eruption on back and trunk as described in article on Lupus Erythematosis.
—Photo by Ruslander.

lesions on her body have cleared up while the lesions on the face and scalp have been resistant to treatment, I think that I can safely make a diagnosis of Lupus Erythematosis and Dermatitis Herpetiformis.

Treatment:—The carious teeth were extracted. She was given a good intestinal cleaning out, stimulant ointments were applied to the lesions on the face and a lotion was prescribed for the body lesions. Internally, she has received Iodiform, grs. 1 in capsules three times a day. She was

given intravenously a colloidal sulphur preparation.

Prognosis:—The skin lesions on the body have cleared up, however, the eruption on the face has not responded satisfactorily, but with all things being equal, I feel that her ultimate recovery is possible.

APPENDICITIS—A STUDY OF MICHIGAN'S STATISTICS

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The term appendicitis is correctly applied to any inflammation of the vermiform appendix. Clinically, however, it has grown into a somewhat wider and looser use in describing the many inflammatory affections of the right iliac fossa.

In this article, which is based on Michigan mortality experience, we have been confined to the statement on the death certificate which may, not infrequently, be in error. It is quite certain that many deaths from appendicitis are not reported as such. The death certificate states some terminal condition such as "peritonitis" and which inquiry has not been able to improve.

Discussion of the incidence of appendicitis offers something on its etiology, although somewhat indefinite, nevertheless suggestive. It must be remembered that these statistics on 31,032 cases are of fatal appendicitis; that fatal appendicitis represents a relatively small percentage of clinical occurrence of the disease; that a large proportion of the deaths follow late operations usually done in hospitals making an impossibility for geographic distribution, that is, an impossibility to divide rural from urban incidence; that nationalities or occupations cannot be separated; and that complications of or sequelae to recurrent or chronic appendicitis are not considered in this article.

Disease of the vermiform appendix seems to be rather modern and one of later civilization. Recognition of it became noted late in the nineteenth century. It is more prevalent in the cities than in the country and modern diet may be blamed. Medical missionaries report the absence of it among the uncivilized races, and apes are said to escape the disease until after some time in captivity. Recognition has long been existent that roughage in diet discourages trouble in the presence of chronic appendicitis. Study of natural food of men and apes where appendicitis does not occur shows the consumption of much cellulose or roughage.

The component anatomical structures of the appendix are subject to disease as elsewhere and the disease is usually inflammation. Acute infection may be and probably most often is directly conveyed from the lumen of the appendix, invading the mucosa. Hematogenous invasion following or shortly after another disease, as tonsilitis, is a frequent clinical observation. The appendix may become the part of adjacent infectious disease as Salpingitis.

Scars, kinks, rotations and adherence of previously healed appendicitis and embryologic defects of the ileo-cecal region predispose to serious appendicitis.

Peritonitis results from perforation of ulceration or from rupture of a gangrenous process, or it may come about by diffuse inflammation involving the peritoneal coat, setting up a spreading peritonitis.

Abscess within the lumen, or multiple abscesses within the wall, thrombotic vessels, single or multiple ulceration, are pathologic frequencies in the seriously acute inflammation of this organ. Emboli, pyogenic metastasis and inflammatory extension may be terminal occurences.

Streptococci and B. Coli are probably almost invariably the bacteria found in fatal appendicitis. We have never observed the latter organism in complicating peritonitis except when the lumen has been opened.

To provide opportunity for study of the possible relationship between prevalent infection and appendicitis, Fig. 1, is exhibited.

This chart illustrates the seasonal dis-

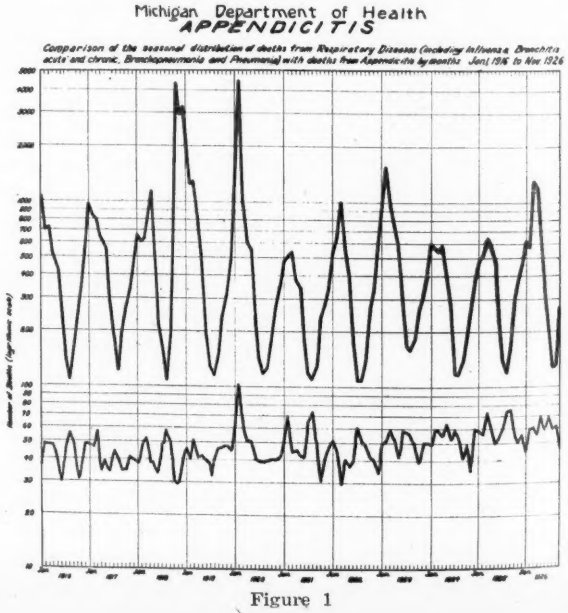

Figure 1

tribution of deaths by months for the respiratory diseases in which are included influenza, acute and chronic bronchitis, broncho pneumonia, lobar pneumonia and also pneumonia of unspecified types. These taken together are compared with deaths from appendicitis for the same period. Ten years of deaths from respiratory infections covers a period sufficiently long to illustrate any elements of periodicity which may have occurred and this period also includes the influenza pandemic of 1918 and subsequent years. The mid-winter peaks in both curves are sufficiently coincidental to command acknowledgment of significance. There is failure, however, in showing respiratory diseases to correspond with the secondary peak in July and August in the appendicitis curve. May not the mid-summer infections of the respiratory tract be more easily met and resisted in the warm months so that respiratory tract deaths are not increased and the fermentative intestinal difficulties of warm weather decrease the defense against appendicitis? At any rate, we know clinically that infections are increased at about the same period that the summer increased death rate of appendicitis occurs.

We would like to offer an explanation of the increased incidence of fatal appendicitis in the 15-19 years period, but attempt to do so appears to call upon recourse to speculation.

Appendicitis is a frequent disease of childhood and, while not generally credited, we believe that it also frequently occurs in infancy. A fatal appendicitis is most often not the first attack. The gangrenous appendix operated in cases 6, 8 or 10 years of age, as in later ages, usually shows evidence of previous inflammation, when history from parents may fail to reveal verification. Forgotten attacks of colic, indigestion, or fermentative disorders may actually have presented appendiceal involvment. Resolution of appendiceal inflammation is incomplete and the defect destines the patient to future attacks and to attacks of greater severity. These reasons, together with the indiscretions of adolescence and depleted physiques from rapid growth, we believe contribute to increase the percentage of fatal appendicitis in 15-19 age period.

More intelligent infant hygiene, earlier and more universal attention to teeth and tonsil infections, especially effected by physical examinations in schools, better medical and surgical judgment, and a more complete common knowledge explain the reduction of appendicitis deaths up to 30 years of age. But it will be noted that in the last 25 years there has been an increased percentage of deaths from age 30 on. The same facts and reasons which have reduced the death rate up to age 30 have also carried through more defective appendices to suffer attacks of inflammation in the age periods above 30. In other words, the higher mortality during adolescence of 25 years ago relatively reduced the number of pathologic appendices in adults.

We think that an undisputable story is told in these charts and statistics of the Michigan experience of the lost cases of appendicitis, treatment for which is as thoroughly and widely known and practiced as for any disease.

A very interesting comparison is made in the chart, Fig. 2, showing the com-

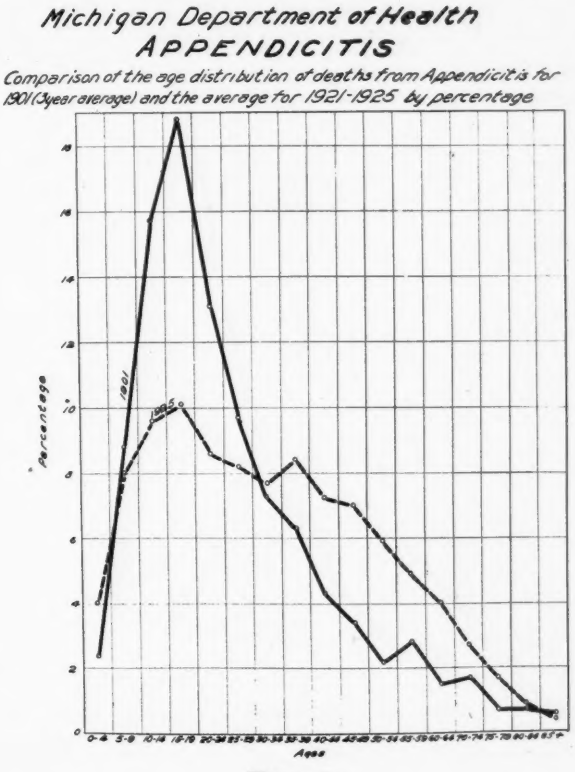

Figure 2

parison of the "age distribution" between the periods of 1901 and 1923, to avoid the accidental variations found in a single year, the deaths for 1900, 1901 and 1902 were averaged and the rates based on the population for 1901; three years being used in this group because the figures back of 1900 were not available. This average is compared with the average shown for the five years 1921 to 1925 and the rates based on the 1923 population. It will be observed that there is a very great differ-

ence in the two outlines presented. This is commented upon above and is a feature which invites further study where data may be available.

In Osler's Modern Medicine we find the statement, "The disease is distinctly one of early life. The majority of cases occur from the 11th to the 30th years of life inclusive." The curve for 1901 quite closely follows this description but the 1925 curve is quite different. The mode, however, is found in both curves in the group, 15 to 19 years of age, but the 1921 curve drops sharply from this point on, while the 1925 curve broadens very considerably and substantiates the observation which has been made by many surgeons in the last few years that there seems to be an increase in the number of cases of appendicitis in the older age groups. Whatever may be the reason for this it certainly presents a striking development and one which can not be explained on the simple theory of better diagnosis. The following table is presented:

Table Showing the Comparison of the Percentage In Each Age Group Between the Three Years 1900 to 1902 Inclusive, and the Five Years 1921 to 1925 in Michigan.

Ages	Percentage 1901	1925
—5	2.4	4.0
5	8.8	8.0
10	15.7	9.6
15	18.8	10.1
20	13.1	8.6
25	9.7	8.2
30	7.3	7.7
35	6.3	8.4
40	4.3	7.2
45	3.4	7.0
50	2.2	5.9
55	2.8	4.9
60	1.5	4.0
65	1.7	2.7
70	.7	1.7
75	.7	.9
80	.6	.4
85+		

To consider the next chart, Fig. 3, which shows the age and sex distribution

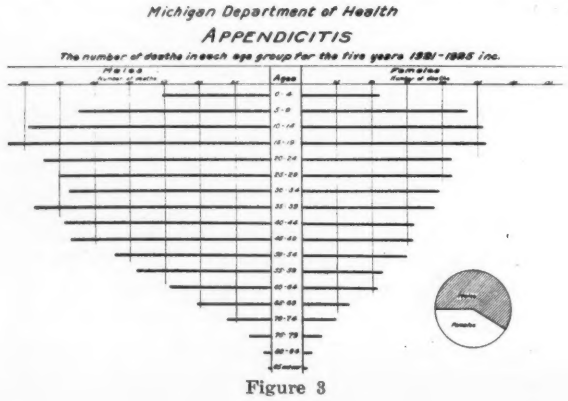

Figure 3

covering the five year period 1921 to 1925, we note in the first place that 59 per cent of the deaths were males and 41 per cent were females. This again does not agree with Osler, who states that "The disease occurs in males two or three times more frequently than in females."

There is not a sharp divergence between the age distribution of the sexes, the mode being found in the 15 to 19 age group in both cases. The significant thing is that so many deaths occurred in the older age groups. This is further illustrated in the chart, Fig. 4, and the following table gives the distribution of the deaths by sex and age for the five years.

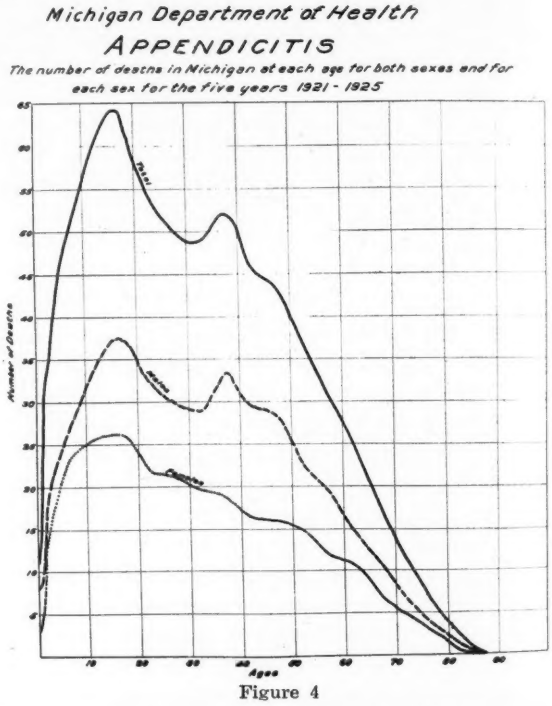

Figure 4

Total Deaths from Appendicitis in Michigan for the Five Years 1921 to 1925, by the Age and Sex.

Age	Total	Males	Females
—1	11	8	3
1	14	9	5
2	32	19	13
3	35	19	16
4	40	22	18
—5	132	77	55
5-9	255	137	118
10-14	301	172	129
15-19	318	187	131
20-24	268	161	107
25-29	257	150	107
30-34	241	143	98
35-39	263	168	95
40-44	227	147	80
45-49	221	142	79
50-54	185	111	74
55-59	153	96	57
60-64	125	72	53
65-69	85	52	33
70-74	54	31	23
75-79	29	16	13
80-84	13	6	7
85+	5	2	3

A more detailed illustration of the seasonal distribution of deaths for the five-year period is found in the next chart, Fig. 5.

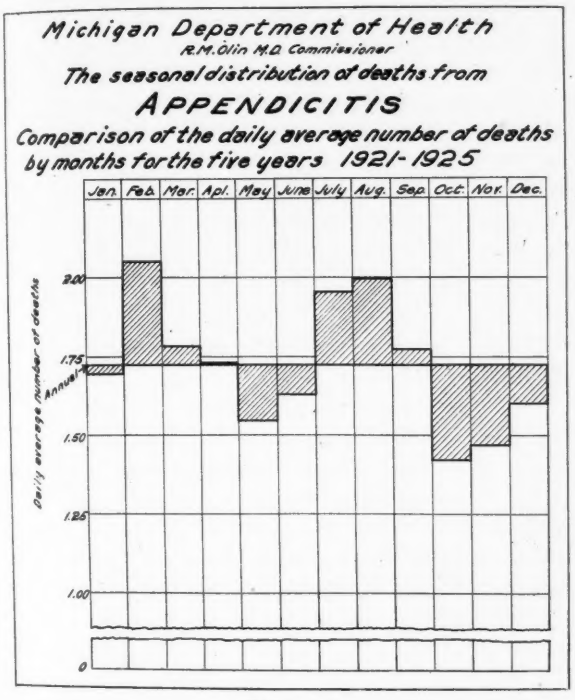

Figure 5

Of the 31,032 deaths considered in this study the somewhat marked seasonal distribution is found. It must be remembered that this covered the five-year period and consequently the variation can hardly be considered as accidental. In consideration of this drawing it will be observed that it shows the daily average number of deaths for the month. This adjusts the difference in the length of the months.

The curve appears bimodal; two distinct peaks showing, one in February and the other in July and August. The lowest months being in October and November. This has already been discussed.

The following table gives the distribution in detail.

Appendicitis.

The Number of Deaths Each Month in Michigan for the Five Years 1921-1925 Inclusive.

Month	1921	1922	1923	1924	1925	Total 5 Years	Annual Average	Daily Average
Jan.	53	53	50	47	59	262	52.4	1.69
Feb.	70	46	53	60	56	285	57.0	2.04
Mar.	45	30	68	59	74	276	55.2	1.78
Apr.	48	42	54	55	61	260	52.0	1.73
May	42	38	43	64	51	238	47.6	1.54
June	38	42	58	53	54	245	49.0	1.63
July	65	62	57	59	59	302	60.4	1.95
Aug.	74	52	56	53	74	309	61.8	1.99
Sept.	48	49	50	42	77	266	53.2	1.77
Oct.	32	43	40	49	56	220	44.0	1.42
Nov.	42	42	50	35	52	221	44.2	1.47
Dec.	46	35	50	61	56	248	49.6	1.60

Let us next consider the geographical distribution of these deaths. The average specific death rate for the five years was 16.2 per 100,000 population. For this we have a wide divergence. Eight counties had no deaths during the period. These are mostly small counties and this is not particularly significant. On the other hand it is difficult to see why any county should have rates two or three times greater than the rate for the state. We can understand, for instance, that Washtenaw county with the great University hospital located therein would have a high rate because of the number of cases brought from outlying districts too far advanced to make

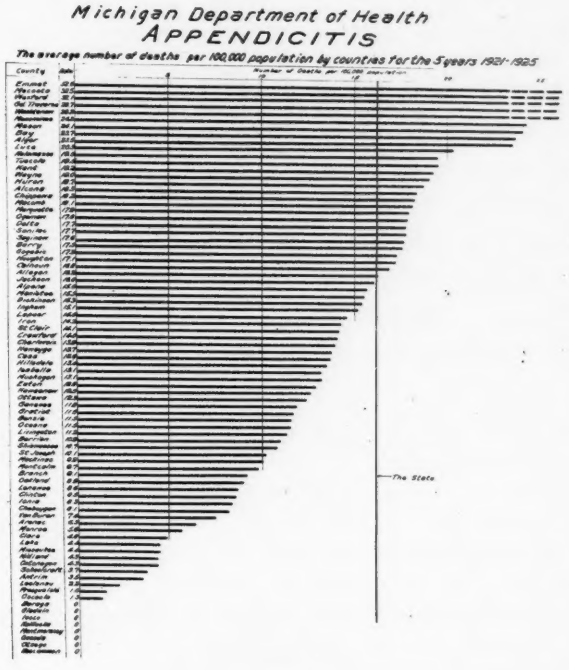

Figure 6

operation successful, and this of course, true in a smaller degree in the other large hospital centers, but this does not account for the fact that some communities furnishing hospital service for a large area should have such a wide divergence of rates.

Appendicitis itself, is not necessarily a fatal disease and cases may be roughly divided into two classes; those patients having a knowledge of a chronic appendicitis and the constant danger of a "flare-up" and with an opportunity to eliminate the danger by surgical interference and the other type of cases where the disease comes on acutely without previous warning and goes promptly to a "ruptured" state, producing a general peritonitis and death.

This geographical distribution is illus-

trated in two ways, one by a bar diagram, Fig. 6, in which the counties are shown in array, in accordance with their rank, and a convention map, Fig. 7, in which is

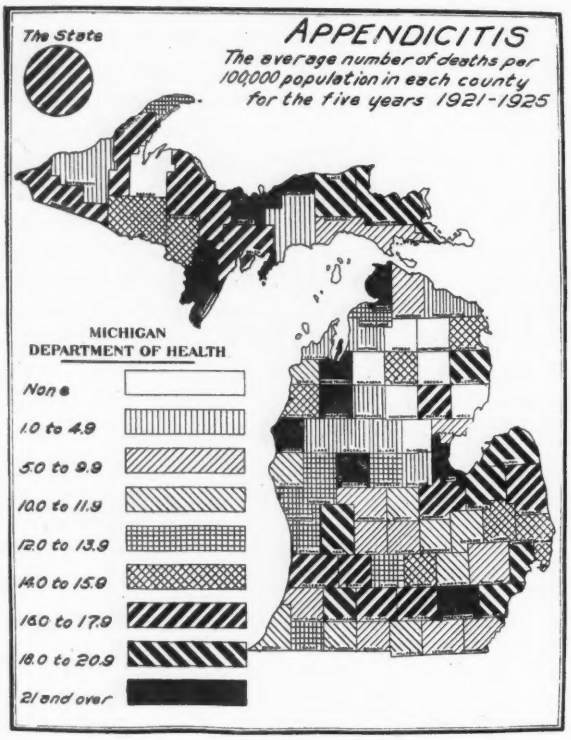

Figure 7

shown the relative county rates for each comparison.

It is hoped that this article will add something to the existing knowledge of this important disease.

THE USE OF PSYCHOMETRIC EVALUATIONS*

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The development of reliable and accurately standardized psychological tests is an accomplishment of comparatively recent years. Partly for this reason we find that people have little information about it, and worse than that they have a vast amount of mis-information. This is perhaps true of any of the sciences during the early stages of their development, but it has been particularly true of the advances made in the practical application of psychometric evaluations.

We use the term psychometric tests to designate the various standardized mental tests and other measures of specific reactions which have been shown by correlation to have a definite relationship to mental processes. A number of these have been worked out by recognized psychologists and reliable norms have been established by using the tests on thousands of cases of all ages and both sexes. In general these tests aim to measure certain mental reactions which develop independently of special training. That is to say, we do not mean to include the so called "intelligence tests" that are found in the daily papers, because they are mere questions concerning particular bits of information and are not tests of the basic mental processes. Furthermore, they are not standardized, and hence the ratings on them cannot have the same worth that evaluations determined by careful use of recognized mental rating scales.

Of the latter, there are two distinct types of tests. First, the group mental tests such as the Otis or the Terman Group Mental Tests[1] which can be administered to any number of persons at the same time. Second, the individual mental tests such as the Yerkes-Bridges Point Scale[2], revisions of the Binet Scale by Kuhlman[3] and by Herring[4], and especially the Stanford Revision and Extension of the Binet-Simon Scale[5]. In addition to these we might mention some of the individual tests of special abilities such as the Stenquist Mechanical Aptitude Tests[6], the Porteus Maze Tests[7], the Healy[8] and Goddard[9] Form Boards, and the Pintner-Patterson Tests[10] especially used to make ratings where there is a language difficulty to meet. Both types, the group and the individual tests, have been used to a great extent in certain public school systems, in certain special schools, and to some extent in other institutions. Obviously, the individual tests are of far more value than the group tests when we wish to learn as much as we can about the patient's reactions, in fact only an individual test is practicable in a situation such as we meet in a hospital.

One of the most useful and most reliable individual mental tests is the Stanford Revision and Extension of the Binet-Simon Scale mentioned above[11]. This has a series of tests which have been standardized on the basis of age norms. The tests are arranged in age groups in such a way as to bring it about that the average child of four years, for example, will earn by that scale a mental age of four years; the average child of ten years a mental age of ten years, etc. To take a single illustra-

* Read before Interdepartmental Meeting of Henry Ford Hospital, March, 1927.

tion of the tests, a child whose mental age is about four can repeat a series of four numbers correctly at least one time out of three trials; the child with a mental age of about ten can repeat a series of six numbers in correct order; and the average adult can repeat a series of six numbers in reverse order. This scale ranges from the three-year level up to sixteen years or what is called the average adult level, with an additional series of tests for superior adults. For the mental rating of infants below three years, Gesell[12] and Kuhlman[13] have some tests of fair reliability, and at the present time we are in this hospital working toward further standardization of these infant tests because of the demand for estimates of mental progress from birth on up.

By the term *mental age*—abbreviated as M A, we mean, briefly, that degree of mental ability which is possessed by the average child of corresponding chronological age—C A. In the average individual the mental development keeps approximate pace with the advance in chronological age, but there are all degrees of variation in this. The term intelligence quotient, or I Q, has come into common usage as a means of expressing this ratio which the mental age bears to the chronological age. The intelligence quotient is equal to the mental age divided by the chronological age, that is I Q=M A÷C A. For example, if a child with a chronological age of exactly ten years passes all of the tests in the ten-year group and is unable to get any of those in the next year group, we say he has a mental age of ten years. To determine the I Q we divide the mental age in months by the chronological age in months and drop the decimal point to avoid fractions. Thus in this case the I Q would be 100 which is the mid-point of the average group. If this same child passed sufficient tests to gain a mental age of 12 years the I Q would be equal to 120. If on the other hand this child of ten passed only sufficient tests to gain a mental age of eight years the I Q would be 80. For an adult, 16 years or older, we use 16 years as the chronological age and hold it constant because it has been found that on the average the types of processes tested are mature at approximately 16 years of age.

In general the I Q of a given individual who is healthy and normally adjusted remains fairly constant throughout his life. However, there are many factors which may cause the mental picture to change, sometimes only temporarily, sometimes gradually, and sometimes suddenly and permanently. We need only mention to medical men that certain diseases have an effect upon the mental status, various psychiatric determinants have an influence, and these or other factors may result in the affective or emotional responses bringing about changes in the mental picture. In the division of neuropsychiatry of a general hospital various combinations of all of these factors are met, and since the mind and the body are not two separate entities, but really parts of the same unit, measuring reactions of one is not a separate thing from the other, but one is incomplete without the other.

For general purposes of rough classification on the basis of I Q's we adhere to the scheme outlined by Dr. Terman in his book on the Measurement of Intelligence[14]. This classification is as follows:

I Q	*Classification*
Above 140	"Near" genius or genius.
120 to 140	Very superior intelligence.
110 to 120	Superior intelligence.
90 to 110	Normal, or average intelligence.
80 to 90	Dullness, rarely classifiable as feeble-mindedness.
70 to 80	Border-line deficiency, sometimes classifiable as dullness, often as feeble-mindedness.
Below 70	Definite feeble-mindedness. Of these the ones between 50 and 70 are classed as Morons, high, middle, and low grade; from 20 to 50 are Imbeciles; and from 0 to 20, Idiots.

From this brief resume of what we attempt to measure by psychometric tests and a reminder of the prevalence of these factors in the cases referred to the neuropsychiatric division of a general hospital, the uses of psychometric evaluations become obvious.

Among the specific uses which have been made of such tests, particularly in the neuropsychiatric and occasionally in other divisions of the hospital, the following are outstanding:**

1. To secure definite evaluation of the mental status of many types of problem children such as the nervous child, the behavior problem, and the maladjusted child, any one of which may have an I Q below average or as high as the "near" genius or genius type.

2. To classify congenital defectives so that we may predict the probable mental

** Most of the studies mentioned have been undertaken under the supervision of Dr. Thomas J. Heldt, physician in charge, and his associate, Dr. Groves B. Smith of the Division of Neuropsychiatry of the Henry Ford Hospital, and I am indebted to them for many valuable suggestions.

development. This frequently has a very definite bearing upon the case. Such cases may be partially questions of committment to Lapeer or to the Wayne County Training school at Northville.

3. To check on the rate of progress in mental development from year to year so as to show the effect of different influences.

4. To evaluate the influence of accidents on mental status of certain cases such as head injuries.

5. To check pre and post-operative cases of brain abscess, brain tumor, etc.

6. To measure the amount and the type of hysterical blocking in mental responses where there is a questioned hysterical reaction.

7. To evaluate the mental picture in various cases of the neuroses and of the psychoneuroses.

8. To measure the rate and the progress of deterioration in such cases as paretics, epileptics, dementia praecox types, etc.

9. To check up on cases where there may be a type of superiority or an inferiority complex and thus get information which may help to avoid an acquired psychopathy.

10. To definitely evaluate the mental status of cases where there are various familial complications such as those regarding the making of a will or other medical-legal aspects.

We see in each of these uses how psychometric evaluations have a specific relation to the main medical problem of diagnosis, prognosis, and especially the treatment and the disposition of certain types of cases.

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"CAN MICHIGAN TAKE CARE OF HER OWN TUBERCULOUS PATIENTS?"

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Our experience in treating tuberculosis dates back to Dr. Edward L. Trudeau. Himself a victim of advanced tuberculosis and pronounced incurable by Janeway, the Elder, Trudeau fought his way against the medical superstition of his age, went out into the open, and accidentally discovered that open-air treatment was efficacious in quieting his disease. Being an altruist of high type Trudeau began to help others who were affected. In these endeavors for others he sacrificed himself so that he never regained his health because of overwork. However, he lived for 40 years after he had been doomed to die. For 40 years he worked to develop a method of treating tuberculous patients in the open, gradually developing the system now in general use. At his death he had established our first American sanatorium, the Adirondack Cottage Sanitarium, which has served as a model for all our sanatoria of today.

From this beginning by Dr. Trudeau has grown the modern organization for the control of the white plague. Only 50 years have passed since Trudeau's flight from the crowded city to the woods, but in that time the death rate of tuberculosis has been decreased to 20 per cent of its former total. Five decades have passed since his vision that tuberculosis could be cured and our generation has been able to save three-fourths of those who would otherwise have died of tuberculosis. Instead of 395 deaths per year out of every 100,000 in population, tuberculosis kills less than 80 in our day.

These figures are true for Michigan as well as for the whole nation. Michigan has had a relatively low death rate from tuberculosis. The rate in Michigan is lower than that of any other state east of the Mississippi river except Wisconsin. Our state has acquired an undeserved bad reputation as regards tuberculosis and a mis-

taken impression has become prevalent that patients should leave Michigan for some other climate.

Let us consider a concrete case. Supposing we make a diagnosis of pulmonary tuberculosis, what is our first impulse? I believe it has not been unusual for our physicians to direct patients to "go west where it is high and dry." Doctors have said this so often that the laity have learned the lesson and often insist on going west even though the physician may advise against it.

It would be interesting to know where the idea of going west originated and also how the conclusion was reached that Michigan's climate is unfavorable to tuberculous patients. I was interested to note in our daily press a few months ago an account of the settling of Michigan. This account stated that some of the early immigrants avoided Michigan because it was damp and unhealthy and that they settled in Illinois and Indiana instead. Some of our ancestors tell of the many swamps infected with malaria which made living precarious for the first settlers in our state. It seems quite possible that the early impression of the pioneer has come down to us and is still with us today.

In this way Michigan probably became known as having a damp climate. If Michigan was damp it might well be thought unfavorable to health, not only as regards malaria, but also as regards all colds and respiratory infections. From this it is only a step to conclude that tuberculosis might be increased by the dampness.

However, whatever its origin, the theory of Michigan's predisposition to tuberculosis came to be so generally accepted that even the doctors adhered to it for a long time. Today we question the correctness of this theory and there is a strong current of thought in the opposite direction. Tuberculosis authorities are agreed that climate plays but a small part in the cure of tuberculosis. Generally speaking the factor of climate may be considered at about 5 per cent of the treatment.

As regards Michigan in particular it is granted that we have more nose and throat affections than our sister states of higher and drier altitude. It is also probable that such nose and throat conditions are more easily cured in a dry atmosphere. Some tuberculous patients also have nose and throat complications of non-tuberculous origin. Such patients might be benefited by moving to a dry climate. But for uncomplicated tuberculosis the burden of proof lies with the other side. Trudeau did not go to a dry climate nor to a high altitude. Yet he was eminently successful. The Metropolitan Insurance company states that at its Sanatorium at Mt. McGregor, N. Y., 1,354 patients have been discharged in the past nine years and over 70 per cent are working today. The United States government has not built its sanatoria for the World War veterans in the west exclusively. They are located in New England, North Carolina, Tennessee, Wisconsin, etc., as well as in the western states. If statistics are reliable, there is no clear-cut advantage in the results obtained by western sanatoria over eastern or central institutions. The tuberculosis statistics of our western states show a relatively lower incidence. There are at least three factors besides climate which might help to explain this. First, the population of our western states is a pioneer race and more virile. Second, our western neighbors live largely in the open and a relatively smaller percentage live in large cities. Third, the west has largely escaped the problem of Negro, Italian and Slavic inroads.

It is not easy to correct a mistake and today a steady stream of patients is flowing westward. To me these eager searchers for health may be compared to the legendary seekers for the pot of gold at the foot of the rainbow. The foot of the rainbow seemed so easy to find but proved to be evanescent. So, too, the lure of climate raises false hopes. To many sufferers the west is the counterpart of the rainbow, the place where the treasure is to be found—the treasure, not of gold, but of restored health.

They have been told that out west many have been cured of tuberculosis and they are naturally hopeful that the same good fortune may await themselves. Had they been aware of all the facts they might have been less eager to go. They were probably not aware of the fact that they would be unwelcome guests in that land of the west. They could not anticipate the privations which awaited them in a strange community. They could not know of the bitter disappointments suffered by those who failed to find relief. They were not told of the many who were laid away in neglected graves or returned home at last disillusioned. Had they known all the facts many would scarcely have ventured to leave home at all but would have chosen to make the fight in their native community.

It is our privilege as medical advisors to clarify the issue for our patients. It is far better to make the fight at home where finances are not such a paramount issue, where the municipality can assume the burden if necessary, and where friends are near to help.

Another consideration is efficient medical attention. The biggest single factor in the cure of tuberculosis is a good doctor. In the home community the patient has a fair knowledge of the doctors and can secure good attention. If means are limited free medical service can also be obtained in many of our Michigan communities.

So much for the attitude of the patient and the doctor. The patient should be given the facts lest he be misled. The doctor should know how to advise the patients lest "the blind lead the blind."

Besides these individual responsibilities, there remains the part of the community. It is written that "the poor ye have always with you." So it might be said of tuberculosis—at least we will have it with us for some time to come. We can scarcely blame the Denver authorities for a feeling of resentment when we ship our tuberculous out to them. The authorities know that the western cure of tuberculosis is not the glorified process that some of us have imagined it to be. They realize that a tuberculous patient is usually a liability on the public and so they do not want any of our sick. They are right in asking us to care for our own.

The issue is, therefore, squarely before us. Can Michigan take care of her own tuberculous patients? We believe that we not only have to do so as a community responsibility but also that we have the natural facilities for doing so successfully.

What have we done in Michigan to cope with this problem? In several of our counties we may be somewhat proud of our accomplishment. We have very splendid sanatorium facilities, efficient diagnostic clinics, and helpful social service. No one is refused for lack of money, as the indigent are cared for through public funds raised by taxation.

Dr. Pattison, of the National Tuberculosis Association, made a survey of sanatorium facilities in our state. He found that we lack 800 beds and that a good proportion of our present beds are in poor sanatoria which should be replaced. Our State Department of Health has given considerable attention to this problem and has instituted a program commensurate with our needs. Generally speaking this new program consists of the replacement of our present state sanatorium by two modern structures, and the development of numerous county sanatoria.

Such a plan for Michigan offers many attractive features. It would be comprehensive without being cumbersome. It would bring a sanatorium within the reach of every citizen of our state and would be of untold educational value. It would go far toward answering in the affirmative the far-reaching question: Can Michigan care for her own tuberculous patients?

CERTIFICATES OF INSANITY*

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The subject assigned to me for a ten minutes' talk is the preparation of certificates of insanity. I am inclined to believe, however, that some of you older practitioners are better fitted to discuss this subject than I, as you have had the actual experience in making certificates of insanity, while I have had only the opportunity to read a great many hundred which have been sent to the hospital.

It is not an easy matter to determine on a single visit whether a patient is sane or insane. It has been my experience, however, extending over a great many years of hospital work, that not many mistakes are made by examining physicians on the positive side. Sometimes, however, cases are certified to as sane who afterwards make violent assaults and are definitely shown to have been insane. Such mistakes are more often made in the paranoid types and occasionally in the dementing types without delusions or hallucinations. Those of you who have had experience with the former types must realize that they show wonderful ability in covering up their delusions or making them appear sensible and based on real solid ground. Often the sanity or insanity of such cases can only be determined after a period of observation. In the second type, namely the dementing types, I think mistakes are made because some physicians seem to have the idea that an insane person must have either delusions or hallucinations. It is a misfortune that doubtful cases cannot be sent to the State Hospital for observation. Patients not voluntarily committed can only be sent to our hospitals on the positive

* Meeting with Tri-County Medical Society, March 29, 1927.

statements that they are insane. They may, however, be sent to the Psychopathic hospital in order to determine as to whether they are sane or insane. Voluntary patients and chronic alcoholics and drug cases do not require physician's certificates for their commitment. The following is a brief abstract of the law covering certificates of insanity:

"Certificates must be made by two reputable physicians under oath, appointed by the Probate court of the county where such person resides or is an inhabitant to conduct the examination. The physicians must be permanent residents of the state, duly registered according to law and the qualifications prescribed by the laws of this state for the practice of medicine and surgery therein and shall not be related by blood or marriage to the person to be examined, nor to the person applying for such certificate. Neither of such physicians shall be trustee, superintendent, proprietor, officer, stock-holder or have any pecuniary interest directly or indirectly or be an attending physician in the institution to which it is proposed to commit such person. Such physicians are empowered to go where said person may be or make such personal examination of him as to enable them to form an opinion as to his mental condition and no certificate shall be made except after such personal examination. Certificates of such physicians to authorize commitment must show that it is their opinion that the person is actually insane, feeble-minded, epileptic or mentally diseased as the case may be, and shall contain the facts and circumstances upon which the opinion of the physicians is based and show that the condition of the person examined is such as to require care and treatment in an institution for the care, custody and treatment of such mentally diseased persons.

Physicians should also be aware of the fact that the justice of the peace or judge of any court of record, may on the certificates of two physicians cause the superintendent of poor or any peace officer to take into custody and remove to any hospital or other place of detention any person believed to be insane against whom no proceedings have been instigated, but such detention shall not exceed five days unless the time is enlarged by the Probate court. Another important law governing the admission of patients and of special interest to physicians who have been legally appointed official physician of any municipal corporation of the state reads as follows:

"The legally appointed official physician of any municipal corporation of this state who shall find after careful examination that any person in such municipal corporation is insane and that the immediate detention of such person for examination, is necessary for the public safety, shall make a certificate to that effect and deliver the same to any peace officer of such municipal corporation, whose duty shall be forthwith to take such person into custody and transfer him to such hospital or such other place of detention in case a hospital is not available. Such a person may be detained until the Probate court takes action provided that the period of such temporary detention shall not exceed five days unless enlarged by the Probate court and provided further that no person arrested under this Act shall be confined in a jail or other lock-up unless such a person manifests homicidal or other violent tendencies."

It is important in making certificates of insanity to state definitely that the patient is insane or sane and then give reasons for arriving at this opinion. It is not necessary to make a diagnosis of the type of insanity; unless one has had considerable experience with the insane, the diagnosis is apt to be wrong. While a physician should not be governed entirely by members of the family, or friends, in arriving at his opinion, it will conserve a great deal of time if he would get a description (provided he is a stranger), of the personality of the patient before his mental ailment, in order to better determine how far he has departed from his normal standard, also a brief account of the peculiarities of his ideas. Having obtained this information the physician must determine by examination whether the person is sane or insane. How should he go about this: First, observe the patient's actions and record in simple terms anything which he believes to be evidence of a mental disorder, such as undue restlessness, over-activity, abnormal slowness of movement, stereotyped movements, peculiar mannerisms and violent tendencies. Second, (examine for orientation) for time, place and person; that is, does he have a normal comprehension of the people about him, does he realize where he is and has he a normal or abnormal conception of time. These can be determined very quickly by asking a few questions. Third, determine his emotional reactions. You have, either from personal knowledge or from information from his relatives, a knowledge of his former mental characteristics. Now is his emotional state the same or has it changed? Is he mildly or greatly elated, or on the other hand, is he depressed and worried apparently without good reason? Or, possibly, which is very common in some types of insanity, is he indifferent to his own welfare or that of his family? Some insane persons are so indifferent to the realities of life that if they were told that all of their family had met sudden death, would merely exclaim, if at all, "Is that so?" Fourth, determine his intellectual status. Here again your previous information of the patient is of value in determining if there has been (a) a deterioration of mental faculties; (b) do his

thoughts come quickly, one idea crowding rapidly on the other and failing to reach any goal, being distracted by new sights and sounds, as so frequently in the manic; (c) do his thoughts come slowly, requiring repeated questioning in order to get an answer, although the patient may be apparently trying to get his mind to work. This retardation of thought, together with the slowness of movements, is spoken of as psycho-motor retardation and is commonly found in the depressed type of manic depressive insanity; (d) has he delusions or hallucinations? I find that a great many physicians in writing certificates use the term hallucinated when they really should use the term delusional. Briefly stated a delusion is a morbidly falsified belief which cannot be corrected either by argument or experience. Hallucination is a false sense impression without any recognizable external stimuli. There may be as many different types of hallucinations as we have special senses. In some cases it is a very easy matter to determine the presence of delusions and hallucinations, in others, very difficult. Here again much time may be saved by first obtaining a history. It is wise, as a rule, to gain the patient's confidence, if possible, and lead him along gradually and not to ask direct questions. Following are some of the types of delusions which you may endeavor to bring out: (a) Delusions of increased personal ability, either physicial or mental. (b) Delusions of wealth and influence. (c) Delusions quite the opposite from the above, expressing inadequacy. (d) Delusions of having committed some sin. (e) Delusions of persecution. Neighbors against him, trying to get rid of him. (f) Delusions of poisoning, or as more frequently expressed, being doped. (g) Delusions of unfaithfulness on the part of a mate; a common delusion in chronic alcoholics and seniles. (h) Delusions of a religious nature.

It is not sufficient for you to determine that a patient believes he has been poisoned by a neighbor. You must determine whether this idea is absurd or whether it has any real basis on fact? Hallucinations are usually demonstrated, if present, during your endeavor to bring out delusions, or you may have observed him apparently answering questions of some unseen person. If not, I think it is a very good plan to question the patient about his ability to sleep, if he is disturbed at night. Quite often, he may complain of disturbance on the street, of people talking about him, blowing automobile horns to annoy him, or he may tell you that people are upstairs and he can hear their voices through the ceiling or the radiator. A common hallucination of hearing is that God's voice may be heard. You must be careful to determine whether this idea is a religious belief or whether voices are actually heard. Determining hallucinations of other senses should be taken up in turn. Here I wish to say that a person may be insane and not have any delusions or hallucinations. Frequently a demented patient may be quite incompetent, but free entirely from delusions. Also, if you have not already done so, make a brief physicial examination, at least. It is wise to observe his general appearance. Has he a temperature, normal pulse rate? Any evidence of lung involvement, etc.? Not uncommonly patients with delirium of the infectious diseases, especially pneumonia, have been committed. Recently we had two typhoid cases committed. Lastly, but not the least important, do not fail to examine the patellar reflexes and pupillary reactions. The result of these examinations may be sufficient to at least arouse your suspicions of a nervous disease. To briefly recapitulate; in examining a patient, first, observe his actions; second, is he oriented; third, determine his emotional reaction, (a) depressed, (b) elated, (c) indifferent; fourth, intellectual characteristics, (a) constitutional defective, (b) deteriorated, (c) delusional, (d) hallucinated; fifth, physical and neurological.

Having made your examination, write the certificate something like the following: "In my opinion, said John Doe is an insane person and in such a condition as to require care and treatment in an institution for the care, custody and treatment of such mentally diseased persons, and the facts and circumstances upon which such an opinion is based are as follows: He is over-active, partially disoriented as to time and place, exceedingly happy and talkative, rapidly passing from one subject to another and distracted by new objects and sounds. Possesses a false idea that he has great mental and physical power, which is untrue, and he also has the idea that a neighbor poisoned him, basing his belief on the ground that his neighbor did not seem so free with him as formerly and that he had at one time expressed a desire to buy his farm and he now thinks he is trying to get rid of him so that he may get possession. He believes the neighbor blows this poison at night under his

bedroom door. Or if other symptoms are present, for instance an organic demented case, one might say the following: He is inactive, careless about his person and unable to name the day of the week, the year or the month. He is emotionally dull and gives physical evidence of weakness of the right side. Has speech defect and unequal knee jerks.

TREATMENT OF THE LATE TOXEMIAS OF PREGNANCY

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For many years medical scientists have endeavored to determine the exact etiology of toxemias of pregnancy. Theories have been advanced and the treatment applied in accord with their principles has been largely empirical and quite unsatisfactory. Further study of blood chemistry and metabolism has added much to improve methods of treatment so that it is now possible to provide care for cases of toxemia that achieve more favorable end results.

Improvement has been made in the reduction of the number of these cases. Davis, at the New York Lying-In Hospital, reports that in 5,400 labors there have been only eight cases of eclampsia with one death, and adds that the toxemias are becoming so scarce in obstetrical clinics that internes hardly have an opportunity to study them. Polak, of Brooklyn, reports only one death from eclampsia in 7,000 labors and states that he has reduced stillbirths from 80 per thousand without prenatal care to 19 per thousand with it. DeLee, of Chicago, reports that there have been no deaths among women receiving prenatal care. Many other obstetrical clinics report that the material death and stillbirth rates have been materially reduced.

However, the number of deaths from toxemia each year is still very high. It is estimated that 5,000 eclampsia deaths occur annually in the United States. In 1926, Michigan had 106 deaths from eclampsia, which was 11 less than the year previous. Last year Grand Rapids had eight eclampsia deaths, five of which occurred in Butterworth hospital, the majority entering the institution in serious condition with histories of inadequate prenatal attendance.

The late toxemias or those occurring in the last three months of pregnancy, namely, pre-eclamptic toxemia or pre-eclampsia and eclampsia, are the types causing the greatest material mortality, which at present ranges from 2.6 per cent (Stroganoff) to 45.7 per cent (Buttner), with an average of 25.5 per cent. The foetal mortality is from 3.62 per cent to 42 per cent (Peterson).

In general, the treatment of all toxemias is based upon medical, laboratory and obstetrical principles and should be studied by the internist and biochemist as well as the obstetrician. Not knowing the exact cause of toxemias, the treatment has been so diversified that the results have varied widely. Review of the literature and study of cases have caused me to believe that a definite routine t r e a t m e n t should be adopted if better results are to be obtained.

TREATMENT OF PRE-ECLAMPSIA

Early recognition of pre-eclampsia is important. This is first denoted by a rise in blood pressure. The normal pregnant woman averages a systolic blood pressure of 120 and when this is over 130 it should be regarded as suspicious of early toxemia. The weight of a normal pregnant woman increases from 20 to 25 pounds. More than this is suggestive of nephritis or toxemia. Frontal headache of a boring nature, gastric disturbances varying from slight nausea to vomiting and severe epigastric pain may soon appear. Associated with these are a furred tongue, persistent constipation, spots before the eyes (muscae volitantes) and edema of the lower extremities, hands and face. Edema of the lower extremities may not be toxic, intrapelvic pressure and varicosities causing the swelling. The amount of edema depends upon the residual kidney damage from chronic or former involvement. Visual disturbances may indicate toxemia before the urinary findings appear. Eye grounds should be examined in all cases of acute toxemia.

The urinary findings are never constant, necessitating daily urine examination. Albuminuria is an important finding and is usually never without some toxemic symptoms. There is 24-hour diminution in secretion and the total solids are likewise decreased. Granular and cellular casts may be found without albumin. Urea percentage is low and is a valuable index to the progress of the case. Blood chemistry consisting of tests for N. P. N., blood sugar, blood chloride and carbon-dioxide combining power, is helpful but is usually not

within the reach of the doctor located in outlying communities.

The patient's history should be reviewed, noting the existence of eclampsia in the mother, if the parents had mental or alcoholic tendencies and whether there was an hereditary instability of the nervous system leading to disorders of metabolism. Previous renal disease suggests chronic involvement of the kidneys. Acute infections leaving residual foci in the tonsils, teeth, sinuses, gall-bladder, appendix and other organs may be the cause of lowered resistance, according to investigations made by Rubel.

The treatment of a case in the early stage should consist of complete rest in bed, which improves renal circulation and favors diuresis. For 24 hours water only should be allowed, then a non-protein diet with low fat content. Salts are interdicted, but alkaline carbonates may be increased. Fresh and cooked vegetables, fruits, cereals, bread and sugar with a small amount of cream and butter are allowed in the diet. Spices, tea, coffee and alcohol are forbidden. An absolute milk diet may be given. Restriction of protein and fat in the diet of pregnant German women, made necessary by lack of food stuffs during the war, gave a minimum in the number of eclampsia cases.

There should be increased elimination through the bowels, kidneys, skin and lungs. A saline purge of magnesium sulphate by mouth should be given at the start and the bowels kept open each day by its further use unless dehydration begins to appear, when vegetable cathartics may be alternated. Free administration of water acts as both laxative and diuretic, hot water favoring diuresis. Colonic flushes with sodium bicarbonate solution removes fecal material from the rectum, diminishes toxic absorption and favors peristalsis. If more fluids are desired, it is best to inject 500 c.c. of 10 per cent glucose solution intravenously without previous venesection in those instances where the blood pressure is not above 160 mm. mercury. Where there is a higher elevation, 50 c.c. of 50 per cent solution of glucose may be substituted. Glucose is very beneficial in overcoming toxemias, particularly those due to carbohydrate deficiency of the liver. Titus uses glucose in eclamptics with good results. Pathological examination of livers removed at autopsy from patients dying of eclampsia who had been treated with glucose, shows that there was less damage and depletion of liver cells than in those who had not received this form of treatment. Venesection in pre-eclampsia gives only temporary improvement. Bathing the skin promotes elimination. Fresh air aids in excretion by the lungs and supplies oxygen which the pregnant woman needs, lack of it causing dyspnoea, edema, headache, convulsions and toxemia. This is in substantiation of the sub-oxidation theory as being a cause of eclampsia. Eclampsia seldom occurs in women having a dead foetus in the uterus.

When there is lack of improvement under this treatment and the blood pressure is steadily rising, insomnia and twitching of muscles present and epigastric pain, the patient should be given magnesium sulphate intravenously. The inhibitory action of magnesium sulphate was first observed by Wood in 1884. Meltzer, in 1905 and again in 1916, made experiments proving that the use of this drug intravenously was a safe, conservative method of treating diseases characterized by convulsions, namely, tetanus and eclampsia. Other investigators, especially McNeile and Vruwink, have employed it so that within the past year several of the large obstetrical clinics have adopted it in the treatment of pre-eclampsia and eclampsia, reporting a reduction in the mortality rate of about nine per cent. When given in eclampsia it produces a distinct drop in blood pressure from 20 to 30 points, controls the convulsions, reduces edema (possibly including cerebral edema) and increases the output of urine. It is given intravenously in doses of 20 c.c. of 10 per cent sterile solution and is obtainable in ampoules of this dosage from certain pharmaceutical chemists. This amount may be given without danger and repeated at intervals of four to six hours until the symptoms have abated. Its administration is indicated where there is an increase in toxemic symptoms shown by blood pressure elevation above 160. It has been said that there is a risk of producing respiratory failure so that some clinics recommend that 5 c.c. of calcium chloride solution be at hand to inject immediately should such symptoms develop. This is considered by some as an unnecessary precaution. Loomis and Sherrick use a more dilute solution, two per cent magnesium sulphate with 0.7 grams of calcium chloride to the liter being given in 250 to 300 c.c. of solution.

The obstetrical problem should not be overlooked in the treatment of toxemias. Toxemias exist in no other condition than pregnancy and therefore they must be due

to pregnancy for the reason that they usually cease when the uterus is emptied. Every case of pre-eclampsia is a worry and even though magnesium sulphate seems to be effective in treatment, all is not completed until after delivery. If the foetus has become viable, it is my opinion that labor should be induced, particularly so in any case where the symptoms are not improving. Partridge states that indications for induction of labor are a blood pressure over 180 or albumin in the amount of 0.2 to 3 per cent in the urine. Induction may be effected by the use of castor oil and quinine, introduction of the Voorhees' bag or Caesarean section. Castor oil and quinine administered to the patient near term usually brings on labor. It is given in the evening in a dose of one ounce followed in one hour with five grains of quinine, which is repeated every hour until a total of 15 grains are taken. Two minims of pituitrin hypodermically may be added with each dose of quinine. The Voorhees' bag requires aseptic precautions and is best introduced with the patient in a hospital. Caesarean section involves a grave surgical risk to the patient already toxic. Her kidneys are damaged and her liver metabolism unstable so that she is a poor subject for anesthesia. The mortality rate following Caesarean section in eclampsia patients is from 25.79 per cent (Peterson) to 36.23 per cent (Charity hospital). The conservative method of Stroganoff and the Rotunda method mortality rates give 2.6 per cent and 10.29 per cent respectively. Caesarean section should be performed only upon those cases of pre-eclampsia having definite indication for such procedure by reason of a contracted pelvis or some physical impossibility of delivery without great risk.

TREATMENT OF ECLAMPSIA

Once the pregnant, parturient or puerperal woman has had the first convulsion, the case becomes one of eclampsia. Damage to the vital organs during convulsions is so great that many pathological changes occur chiefly consisting of multiple hemorrhagic thrombi in the brain, lungs and liver, particularly the latter. There is great need of systematic treatment which should consist of certain medical and obstetrical procedures.

Of the medical there should first be active treatment to control the convulsions. This should consist of intravenous injections of magnesium sulphate in doses of 20 c.c. of 10 per cent solution, given as soon after the first convulsion as possible and repeated every hour until the convulsions are relieved, or until a total of six or eight injections have been given. Morphinization by doses of ¼ grain hypodermically to the point of slowing the respiration to at least 12 or 14 per minute may be added according to the method of Stroganoff. Chloral hydrate may be given orally to conscious patients in milk or if unconscious rectally in 100 c.c. of oil or starch solution and repeated as indicated. It acts as an effective sedative.

Elimination should be begun at once. In patients not unconscious light nitrous oxide anesthesia may be given and the stomach lavaged with a large amount of five per cent sodium bicarbonate solution. Before removing the tube two ounces of saturated solution of magnesium sulphate may be instilled, which acts as an active cathartic. Repeated instillations consisting of one quart of cream of tartar lemonade containing glucose may be given through a stomach tube under nitrous oxide anesthesia if necessary. Lemonade acts as a diuretic and assists in overcoming taxemia. Colonic flushes of solutions containing sodium bicarbonate, sodium chloride and glucose may be given provided the patient is not having convulsions. The least stimulation may provoke one.

Reduction of toxemia is accomplished by the intravenous administration of 500 c.c. of 10 per cent glucose solution, recalling the fact that the blood pressure should not be elevated too much by injecting excessive amounts of fluid into the vessels. Venesection may be performed, withdrawing 500 c.c. of blood before introducing the glucose solution. Here it is well to remember that the loss of large amounts of blood may not be wise because of the possibility of loss at delivery. The blood of eclamptic patients clots readily as shown by thrombi in autopsies of these cases. Greenhill of the Chicago Lying-In hospital states: "It is a common belief that the blood of eclampsia patients clots easily and not infrequently interferes with the therapeutic withdrawal of blood." He states that in 56 cases 30.4 per cent of them lost at least 500 c.c. at delivery.

The obstetrical considerations of treating eclampsia consist first of the conduct of labor already begun, the same as in any

other case. There is no need for unusual procedure hastening the delivery to such an extent that the patient is submitted to unnecessary trauma or infection. Eclampsia patients are very susceptible to infection. The same principles should be practiced here as in a normal case, especially if the patient is a multipara. If she is a primipara it may be necessary to assist dilatation by using a Voorhees' bag. Eclampsia occurs in 60 per cent of cases in primiparae.

In every case of eclampsia when the convulsions have ceased, it is wise to induce labor. The method selected should depend upon the condition of the patient, cervix, size of pelvis and foetus. In primiparae with viable babies and undilated cervices, it may be preferable to terminate pregnancy by Caesarean section under local anesthesia, nitrous oxide-oxygen or ethylene gas. In patients having easily dilated cervices, the use of the Voorhees' bag is better. In general practice these methods cannot always be carried out, first because of lack of facilities and second because of the delay in obtaining the services of a competent surgeon. In the presence of convulsions, the indications are not surgical. Once convulsions have ceased and the blood pressure has fallen, labor can usually be induced by the introduction of the Voorhees' bag under light anesthesia. Exhausted and hypersensitive patients are poor risks. Accouchment force, version and extraction and other difficult operative obstetrical procedures through the vagina are as serious as Caesarean section. Forcible delivery through the partially dilated cervix of an eclamptic patient usually results in lacerations with severe hemorrhage and subsequent infection. Any vaginal method should be performed with great care.

In those cases requiring anesthesia, the choice is nitrous oxide-oxygen or ethylene gas. Rectal ether is next and where none of these are practical then use light ether anesthesia. Chloroform should not be given to eclamptics. It produces pathological changes in the liver similar to those of fatal toxemias. Titus states, "A healthy human adult of 75 kilograms (165 pounds) body weight possesses a liver weighing 1700 grams. Chloroform anesthesia during a fasting period will destroy one-half or more of this liver tissue, perhaps 800 grams. However, under favorable circumstances complete repair can be effected in from seven to nine days or approximately 100 grams per day."

Foetal mortality in eclampsia is high, necessarily so because of toxemia and radical procedures in treatment. Usually the child stands large doses of morphine and has better chances for life by early delivery as proven by statistics. Foetal mortality with radical treatment is 55 per cent while that with the use of morphin is 34 per cent.

A study of some statistics of toxemia cases are as follows:

Greenhill of Chicago reports maternal mortality 7.7 per cent.

Los Angeles General hospital reports the reduction of mortality rate from 60 to 14.8 per cent with magnesium sulphate treatment.

At Butterworth hospital, I have been able to personally observe and supervise the treatment of a number of cases of pre-eclampsia and eclampsia. Statistics of these cases seem to compare with those obtained from obstetrical clinics using methods of treatment similar to the one here described. The cases are as follows:

Number of toxemia cases 32.
Number of maternal deaths 7 or 22%.
Number of deaths of babies 11 or 33⅓%.
(Twins in 1 case raise percentage.)
Magnesium sulphate treatment in 12 cases.
Caesarean section in 6 cases.
Voorhees' bag in 6 cases.
Ages ranged from 19 to 40; average 25.
12 received prenatal care.
Blood pressure ranged from 132/80 to 250/130.
27 had albumin, 3 only a trace and 2 negative.
15 had convulsions.

CONCLUSIONS

In conclusion, it may be stated that the following principles should be carried out in cases of pre-eclampsia and eclampsia:

1. Recognition of early symptoms of pre-eclampsia.

2. Prophylactic, medical and obstetrical treatment.

3. Magnesium sulphate in cases of hypertension and convulsions.

4. Induction of labor if there is no improvement.

5. Hospitalization if possible.

6. Conservative surgical methods, especially relative to Caesarean section.

MICHIGAN'S DEPARTMENT OF HEALTH

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PRINCIPLE CAUSES OF DEATH

The principal causes of death in 1926 show some interesting comparisons with the same conditions in 1925.

As has been the case for a good many years, organic heart disease leads the list with 7,528 deaths as compared with 6,638 in 1925. In the consideration of this cause of death it must be regarded that this undoubtedly represents either misdiagnosis or failure of diagnosis. In a great many diseases it is common to have an involvement or heart lesion and this is the only condition marked on the death certificate and consequently the death is classified to this cause when it should perhaps go to the primary condition.

The second cause is cerebral hemorrhage showing 4,295 deaths or only 13 more than occurred during the preceding year. While it is probable that this condition cannot be regarded as preventable, it may perhaps be regarded as postponable and we should see the age of death for this disease gradually advanced.

The third cause of death was cancer which caused 3,975 deaths, an increase of 213 deaths over the preceding year. This includes all types of malignant neoplasms. There has been so much said and written on this subject that it seems unnecessary to more than mention its relative importance at this time.

The fourth cause is accidents of all kinds. This shows an increase of 249 deaths over the preceding year. When it is considered that more than 1,000 of these deaths were due to automobile accidents it can be readily seen that grave importance must be attached to this cause of death.

The fifth place in death causes is occupied by chronic nephritis. For some reason this showed an enormous increase over the preceding year, an increase of almost 30 per cent. We are unable at this time to account for this increase.

The sixth place is occupied by tuberculosis which showed an increase of 209 deaths over the preceding year. When it is considered that only a few years ago tuberculosis occupied second place in the important causes of death, the fact that it has dropped to sixth place is certainly an encouraging comment on the educational efforts of the past few years.

Lobar pneumonia is seventh, showing an increase of over 600 deaths over the preceding year, but it must be remembered that there was quite a sharp epidemic of influenza in the early part of 1926.

The eighth cause was premature birth and injury at birth. This is just slightly above 1925.

Broncho-pneumonia stood next with 1,851 deaths or an increase of over 500 deaths as compared with 1925. This increase was undoubtedly due in a measure to influenza, as the term broncho-pneumonia is not a satisfactory statement of the cause of death because it is nearly always a secondary infection and the preference would always be to the primary cause. Where this cannot be ascertained the department has no option except to give it to the cause of death as shown on the death certificate.

The tenth cause was influenza which was responsible for almost 1,500 deaths. In these cases, influenza was stated as the primary cause.

The eleventh place was occupied by diarrhea and enteritis under two years of age. This cause is very largely preventable and should be very greatly reduced.

The twelfth place was occupied by diseases of the arteries which caused more than a thousand deaths.

Next comes congenital maliformations, a cause of death that is altogether too high and could undoubtedly be reduced by good prenatal work.

Diabetes occupied the next place, followed by appendicitis.

There was a considerable rise in the number of deaths from diphtheria, this disease in 1926 appearing to be more malignant than for several years past.

The puerperal causes which include all conditions due to pregnancy and childbirth caused 628 deaths. This shows a very slight decrease from the preceding year.

Angina pectoris caused 589 deaths or an increase over the preceding year of 88 deaths.

This was followed by measles which rose from 79 deaths in 1925 to 577 deaths in 1926. This disease of known periodicity

was exceedingly prevalent in 1926, there being almost 40,000 cases reported.

Measles was followed by suicides which showed a considerable increase over 1925.

Possibly in the entire group of twenty causes which are shown, the greatest decrease is in diarrhea and enteritis under two years of age. While this is still unnecessarily high there was a decrease of about one-third in 1926 as compared with 1925. It is of interest to note the relative changes in the rank of the various diseases as shown by this list. Of course, the accidental variations which happen from year to year have a considerable effect but in a general way it will be found that among the more important causes there is relatively little change in rank.

The list below shows the number of deaths in order of rank in 1926 compared to the 1925 figures:

	Causes	1926	1925
1.	Heart Disease	7,258	6,638
2.	Cerebral Hemorrhage	4,295	4,283
3.	Cancer (All Forms)	3,975	3,762
4.	Accidents (All Forms)	3,589	3,340
5.	Chronic Nephritis	3,098	2,253
6.	Tuberculosis (All Forms)	3,039	2,830
7.	Lobar Pneumonia	2,589	1,985
8.	Premature and Injury at Birth	2,352	2,340
9.	Broncho Pneumonia	1,851	1,306
10.	Influenza	1,497	944
11.	Diarrhea and Enteritis (Under two years)	1,106	1,742
12.	Diseases of Arteries	1,023	963
13.	Congenital Malformations	764	805
14.	Diabetes	743	747
15.	Appendicitis	704	728
16.	Diphtheria	676	358
17.	Puerperal (All Forms)	628	633
18.	Angina Pectoris	589	501
19.	Measles	577	79
20.	Suicides (All Forms)	568	495

PROGRESS IN MOUTH HYGIENE

Some interesting Michigan conditions and at least a start toward their improvement are shown in the report of the first fifteen and one-half months' work of the Bureau of Mouth Hygiene and Preventive Dentistry.

Thirty-three towns have some school dental program, according to replies to a questionnaire sent out at the beginning of the work. Twenty-seven have a yearly dental examination and 20 have one or more school dental equipments. There are 15 full-time dentists, 44 half-time dentists, and 11 hygienists doing school work in the state.

One of the first activities of the bureau was a survey of the dental work being done in state institutions, and the drawing up of recommendations as to type of work needed, equipment, and handling of supplies.

The preparation of educational material was an important first measure. Three leaflets were issued, one on mouth hygiene for prospective mothers, one on baby teeth, and the third on the child's permanent teeth. The popularity of these can be judged by the fact that from August, 1926, to May, 1927, a total of 160,697 were sent out in answer to 607 requests. By far the larger proportion went to schools or to public health nurses for distribution to parents.

Another line of work was the preparation of record cards and blank forms for school dental work. More than 50,000 of these have been sent to schools throughout the state.

Requests for assistance in local programs have kept the director of the bureau almost constantly in the field. In addition to giving talks before various groups, he has made demonstration examinations in 28 schools in 24 towns. The actual examination, with mouth mirror and explorer, of a roomful of children is undoubtedly one of the best methods of bringing home existing conditions and the need for their improvement.

A number of interesting developments in mouth hygiene work throughout the state are noted in the report. In Berrien County a full-time dentist was started in Benton Harbor in February. From there he went to Niles. Effort is being made to secure a budget to continue this work next year through the whole county.

A successful dental health week was observed in Port Huron in April, with wide publicity and excellent results.

The inspection of 25,503 school children in Grand Rapids under the supervision of Dr. C. C. Slemons, health officer, was the outstanding event of the year. It was one of the most complete and thorough examinations ever attempted in Michigan, and the results were illuminating. Of the 25,503 children inspected, only 872 were classed as needing no attention. Practically one-half were pronounced urgently in need of dental care. The survey showed, among the 24,631 children needing attention, 51,924 cavities in deciduous teeth, 12,191 abscessed deciduous teeth, 39,336 cavities in permanent teeth, 2,307 abscessed permanent teeth, and 41,571 incipient cavities in pits and fissures.

When conditions such as these exist in

a city like Grand Rapids, there can be no question as to the need for mouth hygiene emphasis.

ANOTHER TYPHOID CARRIER

The attention of this department was recently called to the prevalence of typhoid fever in a small village near Lansing. There were two cases at this time. Upon investigation it was found that since September, 1926, five families in this village have had the disease, the total number of cases being ten. This number assumes a greater significance when we note the village has only one hundred inhabitants.

It was further revealed that Mrs. A., a resident of this village, had been ill with typhoid fever in one of the larger cities of the state in September, 1926. A review of our record shows that this case was reported on September 13, 1926. The record also shows that a microscopic widal had been reported by our laboratory on September 18, 1926 as follows: "Partial clumping, specimens of feces may confirm this finding." We, however, were unable to find any report of the release of this case, or any other laboratory reports. According to information obtained, we learned that this patient was discharged to return home as soon as she was clinically well, and that she was told she was all right.

Not long after the return home of Mrs. A some of the members of Mrs. B's family developed typhoid fever. Mrs. B's family had been close friends of Mrs. A and often visited there. During the winter of 1926-27, Miss C developed typhoid fever. Miss C had likewise been on intimate terms with Mrs. A.

Following Miss C came the two present cases who had also been frequent visitors of Mrs. A. Because of the reliability of the milk supply and the lack of evidence of water contamination, and of the above history which was well put in Mrs. A's own words, namely, "It seems that everyone who visits us gets typhoid fever," we made several laboratory examinations from specimens obtained from Mrs. A. These specimens included blood, urine and feces. The blood was negative, urine and feces were both positive, showing the presence of typhoid bacilli.

In conclusion we might quote from the Rules and Regulations of the Michigan Department of Health: "Isolation of patient shall continue until two specimens of feces taken at intervals of not less than one week after clinical recovery have been found free from the typhoid bacillus. Such specimens shall be collected by the local health officer and shall be examined in a laboratory approved by the State Commissioner of Health." The rules and regulations here set forth were not observed in the case of Mrs. A.

STREAM POLLUTION

Members of the Executive Committee on waste treatment representing the tanners of Michigan, and officials from the departments of Health and Conservation, held a conference on April 26th at Lansing. Arrangements were made for the finishing of the experimental work on tannery waste which has been in progress at the J. K. Mosser Tanning Factory at Holland, Michigan. It was believed by those present that this work should be finished within the next three months. Ten tanning companies operating in Michigan have subscribed upwards of $4,000 toward this work.

Another step was taken toward the solution of stream pollution problems when members of the Michigan Allied Dairy Association and departments of Conservation and Health met at Standish during the latter part of April. At this meeting arrangements were made to jointly establish two experimental treatment plants for milk wastes. The Dairy Association is to furnish a trained man to carry on the work under the supervision of the technical staff of the Health Department. It is hoped that this work will find an economical and satisfactory method for the treatment of milk wastes. The experimental plants will be established at Standish and Bad Axe.

VISITS OF ENGINEERS DURING APRIL

Inspections of Railroad Water Supplies, 9 cities:

Benton Harbor
Edmore
Grand Haven (3)
Ionia
Ludington
Manistee
Muskegon
Port Austin
Traverse City

Inspections and Conferences on Sewage and Sewage Disposal, 10 cities:

Adrian (2)
Detroit
Flint (2)
Hillsdale
Kalamazoo
Northville, (Detroit T.B. San.)
Romeo
Stanton (2)
St. Joseph (2)
South Lyon

Inspections and Conferences on Water Supplies. 19 cities:

Adrian
Anchor Bay Beach
Benton Harbor (3)
Big Rapids
Cassopolis
Comstock

Detroit (2)
Dexter
Hillsdale
Holt
Jonesville
Lansing
Marine City (2)
Maybee
Reed City
St. Clair (4)
Tecumseh
Three Rivers
Wayne

Inspections of Swimming Pools, 2 cities:

Lansing
Ypsilanti (6)

Inspections and Conferences on Stream Pollution, 7 cities:

Detroit
Grand Rapids (3)
Kent City
Leslie (3)
Reed City
Standish
Walled Lake

Inspections and Conferences on Camps:

Brighton (Fresh Air Camp)
Detroit (Y. M. C. A.)
Flint (Boy Scouts)
Port Huron (Girl Scouts)

Miscellaneous Inspections and Conferences:

Bangor—Insanitary Pond.
Berkeley—Drainage (2).
Detroit—Drainage.
Dexter—Public Comfort Station.
Marion—Sheep Nuisance.
Midland Park (Gull Lake)—General Sanitation.
Niles—Piggery Nuisance.
Oxford—Inspection of Filter Sand.
Richmond—Cases of Trichinosis (4).
St. Clair—Cases of Trichinosis (2).

VISITORS

Dr. Luke Young, a graduate of the Pekin Union Medical College (1917) and until recently a member of the Department of Dermatology and Syphilology of Shantung Christian University, is spending three months in the laboratories of the Michigan Department of Health. His aim is to master the technic of the Kahn test with a view of applying it in China. He also plans to translate Dr. Kahn's volume, "Serum Diagnosis of Syphilis by Precipitation" into Chinese.

Dr. B. Abadjieff, director of laboratories of the National Health Department of Bulgaria, who spent several months last summer in the laboratories of the Department learning the Kahn test, and who is at present working at the Robert Koch Institute in Berlin, writes that the Kahn test is now used in a routine manner parallel with the Wassermann test at that institute.

The Robert Koch Institute is one of the great medical research institutions of the world, corresponding to the Rockefeller Institute of New York and the Pasteur Institute of Paris.

Dr. Abadjieff, who helped in the establishment of the Kahn Test at the Robert Koch Institute, believes that it is quite a victory for the American test to have it used "right in the birthplace of the Wassermann test."

PREVALENCE OF DISEASE

April Report
Cases Reported

	March 1927	April 1927	April 1926	Av. 5 Years
Pneumonia	662	663	1,204	823
Tuberculosis	419	554	493	575
Typhoid Fever	39	29	18	43
Diphtheria	439	409	304	407
Whooping Cough	609	536	811	633
Scarlet Fever	1,636	1,078	1,396	1,281
Measles	1,302	1,027	6,526	3,273
Smallpox	191	120	28	209
Meningitis	16	13	11	14
Poliomyelitis	4	0	2	3
Syphilis	1,620	1,591	1,352	1,116
Gonorrhea	879	801	853	757
Chancroid	9	15	12	12

CONDENSED MONTHLY REPORT

Lansing Laboratory, Michigan Department of Health

April, 1927

	+	—	+—	Total
Throat Swabs for Diphtheria				1306
Diagnosis	30	345		
Release	121	220		
Carrier	4	573		
Virulence Tests	7	6		
Throat Swabs for Hemolytic Streptococci				813
Diagnosis	159	172		
Carrier	86	396		
Throat Swabs for Vincent's	12	363		375
Syphilis				6365
Wassermann	1	1		
Kahn	1176	5117	68	
Darkfield	1	1		
Examination for Gonococci	128	1159		1287
B. Tuberculosis				416
Sputum	63	328		
Animal Inoculations	4	21		
Typhoid				143
Widal	12	41		
Blood Culture	3	21		
Feces	9	43		
Urine		14		
Dysentery				44
Intestinal Parasites				34
Transudates and Exudates				213
Blood Examinations (not classified)				169
Urine Examinations (not classified)				441
Water and Sewage Examinations				627
Milk Examinations				113
Toxicological Examinations				
Autogenous Vaccines				
Supplementary Examinations				145
Unclassified Examinations				638
Total for the Month				13129
Cumulative Total (fiscal year)				131383
Decrease over this month last year				4388
Outfits Mailed Out				13580
Media Manufactured, c.c.				215750
Typhoid Vaccine Distributed, c.c.				1315
Antitoxin Distributed, units				20164000
Toxin Antitoxin Distributed, c.c.				22110
Silver Nitrate Ampules Distributed				4296
Examinations Made by the Houghton Laboratory				1712
Examinations Made by the Grand Rapids Laboratory				6217

Official Program, 107th Annual Meeting, Michigan State Medical Society, Mackinac Island, June 16-17-18th, 1927

CALL

The Michigan State Medical Society will convene in Annual Session, on Mackinac Island on June 16, 17, 18, 1927. The order of business as provided by our Constitution and By-laws and official program will be observed.

J. B. Jackson, President.
R. C. Stone, Council Chairman.
W. K. West, Speaker.
Attest: F. C. Warnshuis, Secretary.

CONDENSED PROGRAM

Thursday, June 16th.

10:00 a. m.—House of Delegates.
1:30 p. m.—House of Delegates.
7:30 p. m.—House of Delegates.

Friday, June 17th.

8:45 a. m.—Section Meetings.
12:15 p. m.—Unveiling Ceremony—Beaumont Monument.
1:30 p. m.—Out Door Sports.
6:30 p. m.—Dinner Main Dining Room.
8:00 p. m.—General Session.
10:00 p. m.—Dancing.

Saturday, June 18th.

8:45 a. m.—Section Meetings.
1:30 p. m.—Outdoor Sports.
6:30 p. m.—Dinner.
8:00 p. m.—General Session.
10:00 p. m.—Cabaret.

Sunday, June 19th.

Recreation.
Special trains leaving at 4:00 p. m.

All meetings will be held in the Grand Hotel.

HOUSE OF DELEGATES

Theater of Grand Hotel
Thursday, June 16, 1927

FIRST SESSION

10:30 a. m.

Speaker, W. K. West, Painesdale.
Vice-Speaker, Henry R. Carstens, Detroit.
Secretary, F. C. Warnshuis, Grand Rapids.

ORDER OF BUSINESS

1. Call to Order.
2. Report of Credential Committee.
3. Speaker's Address—W. K. West.
4. President's Address—J. B. Jackson.
5. Report of the Council—R. C. Stone, Chairman.
6. Appointment of Reference Committees.
7. Election of Nominating Committee of five. No two members shall be from the same Councilor District. The duties of the Nominating Committee are:
   (a) Supervise Ballot for President.
   (b) Nominate.
   1. Four Vice-Presidents.
   2. Delegate to A. M. A. and Alternate to succeed Carl F. Mol and W. E. Chapman terms expiring.
   3. Delegates from 7th, 8th and 9th Councilor Districts will meet the State Secretary in Caucus to nominate Councilors for these districts whose terms expire.
8. Reports of Committees.
   (a) Medical Education —A. P. Biddle.
   (b) Hospital Survey. —R. R. Smith.
   (c) Public Health —R. C. Mahoney.
   (d) Legislation —H. A. Haze.
   (e) Tuberculosis —B. A. Shepard.
   (f) Venereal Prophylaxis —W. F. Martin.
   (g) Civic and Industrial Relations —L. S. Farnham.
   (h) Nursing Education —C. E. Boys.
   (i) Medical History —C. B. Burr.
   (j) Delegates to the A. M. A.
9. Unfinished Business. Amendments to Constitution.
10. New Business and Resolutions.
11. Recess.

SECOND SESSION

1:00 p. m.

1. Roll Call.
2. Reports of Reference Committees.
3. Unfinished Business.
4. New Business.
5. Recess.

THIRD SESSION

7:30 p. m.

1. Roll Call.
2. Reports of Reference Committees.
3. Report of Nominating Committee.
   Report of Secretary.
4. Election.
   (a) Four Vice-Presidents.
   (b) Councilors for 7th, 8th and 9th Districts.
5. Unfinished Business.
6. Adjournment.

DELEGATES TO ANNUAL MEETING

NOTE:—Delegates in Capitals.
Alternates in Regular.

ALPENA COUNTY

C. M. WILLIAMS, ALPENA
W. B. Newton, Alpena

NORTHERN MICHIGAN MEDICAL SOCIETY ANTRIM, CHARLEVOIX, EMMETT, CHEBOYGAN COUNTY

HARRY SHAVER, BOYNE CITY
FREDERICK MAYNE, CHEBOYGAN

BARRY COUNTY

B. C. SWIFT, MIDDLEVILLE
R. W. Gridwold, Freeport

BAY, ARENAC, IOSCO COUNTY

V. H. DUMOND, BAY CITY
J. W. Hauzhurst, Bay City

BENZIE COUNTY

BERRIEN COUNTY

W. C. ELLET, BENTON HARBOR
R. H. Snowden, Buchanan

BRANCH COUNTY

W. A. GRIFFITH, COLDWATER
W. W. Williams, Coldwater

CALHOUN COUNTY

C. S. GORSLINE, BATTLE CREEK
GEO. C. HAFFORD, ALBION
A. F. Kingsley, Battle Creek
W. L. Godfrey, Battle Creek

CASS COUNTY

CHIPPEWA, MACKINAC COUNTY

C. J. ENNIS, SAULT STE MARIE
G. A. Conrad, Sault Ste Marie

CLINTON COUNTY

R. D. BOSS, WACOUSTA
A. C. Henthorn, St. Johns

DELTA COUNTY

W. B. BOYCE, ESCANABA
W. A. Lemire, Escanaba

DICKINSON-IRON COUNTY

EATON COUNTY

P. H. QUICK, OLIVET
Stanley Stealey, Charlotte

GENESEE COUNTY

C. F. MOLL, FLINT
H. E. RANDALL, FLINT
J. G. R. Manwaring, Flint
J. C. Benson, Flint

GOGEBIC COUNTY

W. ELLWOOD TEW, BESSEMER
Louis Dorpat, Ironwood

GRAND TRAVERSE-LEELANAU COUNTY

H. B. KYSELKA, TRAVERSE CITY
F. P. Lawton, Traverse City

HILLSDALE COUNTY

W. H. SAWYER, HILLSDALE
G. R. Hanke, Ransom

HOUGHTON-BARAGA-KEWEENAW COUNTY

A. C. ROCHE, CALUMET
M. D. Roberts, Hancock

HURON COUNTY

INGHAM COUNTY

EARL McINTYRE, LANSING
MILTON SHAW, LANSING
Fred J. Drolette, Lansing
O. Bruegel, East Lansing

IONIA-MONTCALM COUNTY

R. R. WHITTEN, IONIA
George E. Horne, Entrican

GRATIOT-ISABELLA-CLARE COUNTY

C. F. DU BOIS, ALMA
M. J. Budge, Ithaca

JACKSON COUNTY

HAROLD L. HURLEY, JACKSON
Corwin S. Clark, Jackson

KALAMAZOO-VAN BUREN-ALLEGAN COUNTY

WALTER den BLEYKER, KALAMAZOO
W. E. SHACKELTON, KALAMAZOO
Sherman Gregg, Kalamazoo
O. D. Hudnutt, Otsego

KENT COUNTY

A. V. WENGER, GRAND RAPIDS
G. H. SOUTHWICK, GRAND RAPIDS
J. D. BROOK, GRANDVILLE
H. J. PYLE, GRAND RAPIDS
E. W. Schnoor, Grand Rapids
W. E. Wilson, Grand Rapids
J. S. Brotherhood, Grand Rapids
R. H. Spencer, Grand Rapids

LAPEER COUNTY

C. D. CHAPIN, COLUMBIAVILLE
F. E. Dodds, Silverwood

LENAWEE COUNTY

H. H. HAMMELL, TECUMSEH
R. G. B. Marsh, Tecumseh

LUCE COUNTY

H. E. PERRY, NEWBERRY
R. E. L. Gibson, Newberry

MACOMB COUNTY

A. A. THOMSON, MT. CLEMENS
J. E. Curlett, Roseville

MANISTEE COUNTY

HARLAN MAC MULLEN, MANISTEE
C. L. Grant, Manistee

MARQUETTE-ALGER COUNTY

MASON COUNTY

MECOSTA COUNTY

B. L. FRANKLIN, REMUS
Donald MacIntyre, Big Rapids

MENOMINEE COUNTY

W. S. JONES, MENOMINEE
Edward Sawbridge, Stephenson

MIDLAND COUNTY

C. V. HIGH, MIDLAND
J. H. Sherk, Midland

MONROE COUNTY

D. C. DENMAN, MONROE
James Humphrey, Monroe

MUSKEGON COUNTY

W. F. GARBER, SR., MUSKEGON
A. F. Harrington, Muskegon

NEWAYGO COUNTY

WILLYS GEERLING, FREMONT
Dr. Moore, Newaygo

OAKLAND COUNTY

F. A. MERCER, PONTIAC
R. H. BAKER, PONTIAC
A. V. Murtha, Pontiac
C. J. Sutherland, Clarkston

OCEANA COUNTY

OTSEGO-MONTMORENCY-CRAWFORD, OSCODA, ROSCOMMON-OGEMAW COUNTY

FRANK E. ABBOTT, STERLING
C. G. Clippert, Grayling

ONTONAGON COUNTY

E. J. EVANS, ONTONAGON
F. W. McHugh, Ontonagon

OSCEOLA-LAKE COUNTY

OTTAWA COUNTY

S. L. DE WITT, GRAND HAVEN
H. C. Irwin, Holland

PRESQUE ISLE COUNTY

SAGINAW COUNTY

A. R. McKINNEY, SAGINAW
J. T. Sample, Saginaw

SANILAC COUNTY

D. D. McNAUGHTON, ARGYLE
G. S. Tweedie, Sandusky

SCHOOLCRAFT COUNTY

A. R. TUCKER, MANISTIQUE
W. J. Saunders, Manistique

SHIAWASEE COUNTY

COLIN McCORMICK, OWOSSO
W. E. Ward, Owosso

ST. CLAIR COUNTY

A. L. CALLERY, PORT HURON
D. W. Patterson, Port Huron

ST. JOSEPH COUNTY

TRI-COUNTY
WEXFORD, KALKASKA-MISSAUKEE

W. JOE SMITH, CADILLAC
S. C. Moore, Cadillac

TUSCOLA COUNTY

JOHN G. MAURER, REECE
R. A. Townsend, Fairgrove

WASHTENAW COUNTY

THERON S. LANDFORD, ANN ARBOR
JAMES D. BRUCE, ANN ARBOR

WAYNE COUNTY

GEORGE J. BAKER
A. P. BIDDLE
G. V. BROWN
A. E. CATHERWOOD
JOHN L. CHESTER
H. F. DIBBLE
G. B. GARBER
L. T. HENDERSON
L. J. HIRSCHMAN
FRANK A. KELLY
CHAS. S. KENNEDY
J. C. KENNING
J. A. KIMZEY
C. L. McCLINTIC
W. W. MAC GREGOR
R. M. McKEAN
F. M. MEADER
E. B. RICHEY
HOWARD W. PIERCE
F. D. ROYCE
S. E. SANDERSON
CLARE L. STRAITH
R. V. WALKER
L. F. C. WENDT
WALTER J. WILSON
A. Amberg
L. P. Breitenbach
C. D. Brooks
F. G. Buesser
H. R. Carstens
W. J. Cassidy
H. L. Clark
F. H. Cole
M. A. Darling
J. E. Davis
J. H. Dempster
D. Donald
W. A. Evans
G. E. Frothingham
Hugh Harrison
A. F. Jennings
N. O. La Marche
B. H. Larsson
B. C. Lockwood
L. Reynolds
G. C. Penberthy
E. D. Spaulding
W. J. Stapleton, Jr.
C. K. Valade
H. W. Yates

GENERAL SESSIONS

Theater of Hotel

June 17th, 8:00 p. m.

1. Call to Order—President Jackson.
2. Invocation.
3. Announcements—Secretary.
4. Nominations for President.

5. President's Annual Address—J. B. Jackson.
6. Arthritis: Ralph Pemberton, M. D., Philadelphia, Pa. (By invitation).
7. Entertainment—Ball Room and Grill.

SECOND GENERAL SESSION

June 18th, 8:00 p. m.

1. Call to Order—President Jackson.
2. The History of Goitre Pathology — Dean Lewis, M. D., Baltimore, Md., (By Invitation).
3. Professional Vagaries.
   Morris Fishbein, M. D., Chicago; Editor Journal of the A. M. A. (By invitation).

NOTE—The Evening Dinners at 6:30 p. m. in the Main Dining Room will be a fellowship function, followed immediately by the General Sessions.

UNVEILING CEREMONY

BEAUMONT MONUMENT

June 17, 12:15 p. m.

Grounds of Old Fort Mackinac.

1. Introductory Remarks,
   President J. B. Jackson.
2. Unveiling of Bronze Tablet.
3. Address,
   Victor C. Vaughan, M. D., Washington, D. C.

SCIENTIFIC SECTIONS

MEDICAL SECTION

Chairman, C. F. Karshner, Grand Rapids.
Secretary, W. R. Vis, Grand Rapids.

Friday, June 17, 8:30 a. m.

1. Chairman's Address—C. F. Karshner, Grand Rapids.
2. "Pertinant Facts Concerning Hemoglobin"—C. E. Roderick, Battle Creek.
3. "A Study of the Dietary Treatment of Pernicious Anemia."—John Huston, Ann Arbor. Discussion opened by Collins H. Johnston, Grand Rapids.
4. "A Comparison of Undulant Fever in Man with Bang's Abortion Disease of Cattle. (Etiology, Symptoms and Diagnosis.)"—I. Forrest Huddleson, Lansing.
   Discussion opened by O. H. Bruegel, East Lansing.
5. "O-iodoxybenzoic Acid in the Treatment of Arthritis."—J. B. Youmans, Ann Arbor.
   Discussion opened by Wm. L. Bettison, Grand Rapids.
6. "The Treatment of Angioneurotic Edema."—Frank R. Menagh, Detroit.

Saturday, June 18, 8:30 a. m.

Election of Chairman.

1. "Ovarian Insufficiency in Its Relation to Obscure Abdominal Complaints, Its Diagnosis and Treatment."—C. J. Marinus, Detroit.
2. "The Field of Usefulness of Iodine in Goitre."—A. F. Jennings, Detroit.
3. "The Pathology of Pulmonary Radiographic Opacities."—P. M. Andrus, Pathologist Queen Alexandra Sanatorium, London, Ontario.
4. "The Value of Gain in Weight as an Indication of the Healing of Pulmonary Tuberculosis."—J. Burns Amberson, jr., Northville.
5. "The Power of Sunlight to Destroy Bacteria."—F. M. Meader, Detroit.

PEDIATRICS

Chairman, R. M. Kempton, Saginaw, Mich.
Secretary, D. J. Levy, Detroit, Mich.

Friday, June 17th, 8:45 a. m.

"Tuberculosis in Childhood"—Bruce H. Douglas, Northville.

By means of Ranke's classification of tuberculosis and Krause's explanation of the altering of the defensive mechanisms in the child and the adult many of the differences between the manifestations of the disease during childhood and adult life are explainable. The diagnosis and treatment of tuberculosis in childhood can be soundly based on these principles.

"Diagnosis and Treatment of Acute Osteomyelitis in Children"—Grover D. Penberthy, Detroit.

Acute osteomyelitis is an inflammatory bone disease seen most often in children between the ages of 2 and 12 years, among the poor class.

The presence of fever, acute bone tenderness, a history of trauma and a previous infection should arouse suspicion, as regards the possibility of acute osteomyelitis.

Treatment is dependent upon a correct diagnosis and consists of surgical drainage, which should be instituted early.

"Postural Defects in Children"—Carl E. Badgley, University Hospital.

"Biophysical Principles of Light The-

DAVID J. LEVY
Detroit
Secretary, Section on Pediatrics

rapy"—Ernest A. Pohle, University Hospital.

Light therapy has been in use for centuries, but only recently the entire physical therapy, of which light therapy is a part, received official recognition as a branch of medicine by the American Medicai Association. Little is known, however, regarding the effect of light on cells, tissue, organs and organisms; no standard method of dosage has so far been adopted. It seems desirable, therefore, to present a brief selected compilation of the facts scattered throughout the literature, which form the beginning of a foundation for scientifically conducted light therapy.

"The Choreas, with Special Reference to Their Etiology and Treatment"—Carl D. Camp, University Hospital.

Choreas in children differ in etiology, prognosis and treatment. Infectious type, type due to hereditary syphilis, type due to encephalitis and hereditary defect. Conditions simulating chorea such as multiple tic or habit spasm, also hysteria.

Saturday, June 18th, 8:45 a. m.

Election of Chairman.

"Comparative Vitamin Content of Human and Cow's Milk with Pathological Demonstration"—Miss Icie Macy.

"The Behavior of Children in Relation to Medical Treatment"—Homer T. Clay, Grand Rapids.

The Medical treatment of children must be considered in its relation to the behavior and conduct of that individual. Various apparent medical conditions may be found to be behavior disorders only and when corrected from the latter standpoint the medical aspect disappears.

The public is being educated through a vastly increasing literature in child training and a demand is being created for behavior correction and habit training. The pediatrist should take cognizance of this trend and train himself to cope with this situation.

"The Relative Importance of Certain Qualitative Variations in the Composition of Infant Foods"—Grover F. Powers, Detroit, Mich.

"The Relative Importance of Certain Qualitative Variations in the Composition of Infant Foods." (Lantern slides).

(A discussion of the known factors of importance in the artificial feeding of infants with the intent of stimulating interest in a direct and simple approach to the problem involved.)

"Urology in Children"—Walton K. Rexford, Detroit, Mich.

Urinary conditions in children, a much neglected field. Malformations and anomalies. Lithiasis—New growths. Renal infections—pyogenic and tubercular. Methods of diagnosis and treatment of urinary infections in children. Lantern slides.

SURGICAL SECTION

Chairman, G. H. Southwick, Grand Rapids.
Secretary, F. J. O'Donnel, Alpena.

Friday, June 17th, 8:45 a. m.

1. Chairman's Address—G. Howard Southwick, M. D., Grand Rapids.
2. "Illustrated Lantern Talk on Empyema."—Frederick A. Coller, M. D., Ann Arbor.
3. "Surgery of Bronchiectasis, Pulmonary Abscess and Tuberculosis."—John Alexander, M. D., Ann Arbor.
4. "Non-Operative Treatment of Ureteral Calculi."—Frederick H. Cole, M. D., Detroit.
5. "Management of Goitres with Cardiac Decompensation."—Max Ballin, M. D., Detroit.
6. "Technic of the Operation for Thyroidectomy."—Walter E. Sistrunk, M. D., Rochester, Minnesota.

Saturday, June 18th, 8:45 a. m.

Election of Chairman.

1. "Factors Interferring with Good Results in Ano Rectal Surgery."—Louis J. Hirschman, M. D., Detroit.
2. "Symposium on Diagnosis and Treatment of Head Injuries."
   (a) Etiology and Diagnosis.—R. D. McClure, M. D.
   (b) Treatment and Results.—Albert S. Crawford, M. D., Detroit.
3. "Acute Appendicitis With the Appendix Located in the Pelvis."—Richard R. Smith, M. D., Grand Rapids.
4. "Surgery of the Peripheral Nerves,"—Dean Lewis, M. D., Baltimore, Maryland.

OPHTHALMOLOGY—OTO-LARYNGOLOGY

Chairman, B. N. Colver, Battle Creek.
Secretary, A. R. McKinney, Saginaw.

Friday, June 17, 8:45 a. m.

Chairman's Remarks—B. N. Colver, Battle Creek.
Lecture—Ophthalmological Subject. — W. H. Wilder, Chicago.
Lecture—"Frontals, Ethmoidals and Sphenoidals" —Anatomy Diseases and Treatment.—F. J. Pratt, Minneapolis.
Following the lectures questions will be presented for Round Table discussions.

Friday, June 17, 6:00 p. m.

Section Dinner.

Saturday, June 18th, 8:45 a. m.

Election of Chairman.

1. "Enucleation with Rib Cartilage Transplant in the Capsule of Tenon."—W. T. Garretson, Detroit.
2. "Management of Strabismus Cases."—Parker Heath, Detroit.
3. "Some Problems of Intra-Nasal Surgery, with Special Consideration of Submucous Resection."—J. M. Robb, Detroit.
4. "Tuberculous Laryngitis—Its Treatment with Chaulmoogra Oil."—Carl F. Snapp, Grand Rapids.

GYNECOLOGY AND OBSTETRICS

Chairman, A. E. Catherwood, Detroit.
Secretary, Harold Henderson, Detroit.

FIRST SESSION

Friday, June 17th, 8:45 a. m.

1. "Gynecologic Bleeding." — B. Friedlander, Detroit.

2. "Diagnosis and Treatment of Sterility."—Lawrence McCaffery, Ann Arbor.
3. "The Cancer Problem in Michigan, with Spcial Reference to the Early Diagnosis and Treatment of Cancer of the Uterus."—Reuben Peterson, Ann Arbor.
4. "Conservative Pelvic Surgery." — Howard Cummings, Ann Arbor.
5. Subject to be announced.—E. D. Ploss, Professor of Obstetrics, University of Iowa.

SECOND SESSION

Saturday, June 18th, 8:45 a. m.

Election of Chairman.

1. "Indications for Caesarian Section."—C. Boys, Kalamazoo.
2. "Treatment of Pernicious Vomiting."—Robert Kennedy, Detroit.
3. "Late Non-Convulsive Toxemias of Pregnancy."—W. E. Sisson, Detroit.
4. "The Treatment of Eclampsia with Reference to the Use of Magnesium Sulphate."—Milton Darling, Detroit.

ENTERTAINMENT

This year's program has been arranged to afford opportunity for outdoor sports. Each afternoon from 1 to 6 p. m. has been set aside for golf, archery, tennis, quoits and scenic rides about the island.

At 6:30 p. m. each evening we will all meet in the main dining room for dinner. Fisher's Orchestra will play during the dinner hour.

At 10:00 p. m., following the General Session, Fisher's Orchestra will play for dancing and cabaret functions.

REPORT OF PUBLIC HEALTH COMMITTEE

We are pleased to say that since the last report of the Public Health Committee, one new county tuberculosis sanitarium has been opened, namely Oakland, and the people of another county, namely Berrien, have voted to have a tuberculosis sanitarium. Dickinson county has voted to buy a third interest in the now existing sanitarium at Powers, Michigan. A survey of the tuberculosis situation of the state therefore indicates gratifying progress in the public care of those afflicted with this disease. Before next year cannot more beds be added to this number? At present there is good reason to believe that the state legislature will make great improvements at the Howell Sanitarium, and build a new one at Ann Arbor in connection with the State University Medical School, thereby ultimately assuring a better understanding of this disease in the medical profession and perhaps earlier diagnosis of tuberculosis than is now generally the case.

This Committee has further endorsed the efforts of State Health Commissioner Kiefer in his survey dealing with maternal death rate in this state. We hope as a result of this, information may be obtained which will help us all in greatly reducing the maternal death rate in Michigan.

We have also given our support to the Public Health Legislation—especially in the attempt to establish county Health Units, thereby placing efficient health officers in charge of the rural districts as well as the cities.

John H. Wessinger,
R. C. Mahoney,
Chairman.

REPORT OF COMMITTEE ON MEDICAL EDUCATION

It should go without saying that the justification for the existence of any medical school is found in the service it renders to the community. This is especially true in the case of tax supported institutions. This public service involves the development and maintenance of a constantly increasing range of activities such as instruction in personal and group hygiene and sanitation, given more or less directly to the laity, the hospitalization and medical care of appropriate disease conditions and the training of men and women for lives of service in the various branches of medical and closely allied sciences. These tasks are at best very imperfectly performed and in their accomplishment questions of great variety arise. The answers to these can be developed only through the accumulated experience, not only of the teachers in the medical schools but of the actual workers in the various fields of endeavor in question.

The medical schools of Michigan have during the past year been greatly aided in their efforts by constructive criticism emanating from a considerable number of sources, the chief of which has been the Michigan State Medical Society. As these suggestions have been received efforts have constantly been made to profit thereby and it is felt that these efforts have met with a considerable measure of success, in itself, an earnest of still greater improvements in the future.

Much of the development along medical teaching lines has been in connection with the training of students for the practice of medicine, the effort having always been in the direction of better prepared medical graduates from both technical and ethical viewpoints. As the result of a forward-looking policy on the part of appropriating bodies in the state, the resources available for the giving of instruction in the medical sciences have been materially increased, so that, while much remains to be done in the way of development and improvement along these lines, the state of Michigan has no occasion to feel disheartened in the efforts made and the results achieved.

Among the most important problems with which the medical schools are now called upon to deal is their responsibility to the men already graduated, who seek the opportunity, not only to freshen their professional knowledge by frequent review, but also to keep abreast of the present day advances in medicine in as an efficient a manner as circumstances will permit.

In addition to these obligations, the medical schools have before them the task of providing facilities whereby well qualified men may secure an opportunity to engage in original investigation and whereby physicians, desirous of limiting their practice to some particular kind of work, may be enabled to devote several years of continuous study, under favorable conditions, to the undertakings of their election.

Steps have already been taken in the direction of the solution of these problems. A school for graduate study has been established in Detroit and it is expected that the University of Michigan

will soon create a division of Post-Graduate Study in Medicine and appoint a director to develop such an organization. This important phase of medical education is only in its beginnings with tremendous demands and possibilities for future growth.

It is hoped that the medical schools of the state may in the future enjoy the privilege of the same helpful criticism on the part of the Michigan State Medical Society that they have received in the past.

Respectfully submitted,
Hugh Cabot,
W. H. MacCracken,
Andrew P. Biddle,
Chairman.

REPORT OF THE COMMITTEE ON NURSING EDUCATION

To the House of Delegates:

Following the recommendation of the committee report of last year, the present committee arranged a meeting with representatives of the Michigan State Nurses Association for the discussion of various problems of interest to both nurses and physicians.

The State Nurses Association was represented by the following members:

Adelaide Northam, R. N.,
Supt. Sparrow Hospital, Lansing.
Shirley C. Titus, R. N.,
Director of Nursing, University Hospital, Ann Arbor.
Mary A. Welsh, R. N.,
Supt. of Nurses, Blodgett Hospital, Grand Rapids.
Katherine M. Bradt, R. N.,
Lansing.
Emelie G. Sargent, R. N.,
Supt. Visiting Nurses Association, Detroit.
Mary C. Wheeler, R. N.,
General Secretary Michigan State Nurses Association, Detroit.
Grace Ross, R. N.,
President, Michigan State Nurses Association.

The State Medical Society was represented by the members of the Committee on Nursing Education, as follows:

F. C. Witter, M. D., Detroit.
F. W. Garber, M. D., Muskegon.
J. G. R. Manwaring, M. D., Flint.
C. E. Boys, M. D., Kalamazoo, Chairman.

Due to an illness, Dr. W. K. West of Painesdale was unable to be present.

Following a luncheon at the Hotel Olds, Lansing, April 21, 1927, an informal discussion was held by those present. In general the subjects considered were those given in the report of the Committee on Nurses and Nursing Education of of the A. M. A., given at Dallas Texas.

All agreed to the suggestion of the need for the "basic trained nurse" to which should be added further training for those who desire to go into special lines of work.

The physicians rather felt that there is at present too much class room work. The nurses felt that while the total number of hours, now averaging about 600, are not too many, a better balancing of the course should be an objective. Both nurses and doctors agreed that the clinical teaching and demonstrations *on patients* is at present too much neglected, and should be improved. There should be more teaching by "precept and example."

There was further complete accord by all present that, generally speaking, there is too much lack of co-ordination between the class room instruction and that given on the floors of the hospitals. In so far as a standardized technique is possible it should be taught in the class room as carried out on the floors.

All agreed that supervisors of floors, or special department heads, such as those in charge of obstetrics and surgery, or class room work, should have more than the basic training as a preparation for their duties. The committee is of the opinion that nurses employed as class room teachers should have a teacher's training similar to that demanded of public school teachers in addition to the basic nurse training.

The nurses gave expression to the feeling in Michigan as a whole, there is a shortage of applicants for nurses training, this being especially true in the larger hospitals. They further declared that there was little chance to choose their students, and that the student nurse of today refused to do either the quantity or quality of work that was obtained in former years. For the shortage, they blamed in part the poor housing and recreational facilities on the part of the hospitals.

It was agreed that training schools should not be recognized in hospitals having an average of less than 50 occupied beds. The distribution of nurses was discussed. In general the larger cities are satisfactorily supplied, while it is usually a very difficult matter to obtain nurses for service in small towns and rural places. It was also brought forth than an increasing number of nurses are occupying salaried positions with fixed hours of duty, as in charity organizations, factories, welfare or public health work.

Outside of the absolute inability to get nurses in some places, the cost to the patient is of serious moment. It was agreed that a shortening of the nurses' course of training would in no wise lessen the expense to the patient, and even the establishment of a short term, one year's training nurse, would be likely to also fail in this regard.

Regarding hours of duty, the nurses present felt that a 12-hour duty is correct, and conducive to the best work on the part of the nurse. While from the nurse's viewpoint this is correct, yet the increased cost to the patient is often embarrassing, and may deprive him of much needed nursing care. The doctors present stated that in most cases a 20-hour day is not unreasonable, as usually after three or four days, at least in surgical cases, the nurse is not overworked, and the paying of even one nurse is often a serious burden to many patients who really need special nursing. They agreed, however, that where constant attention is demanded by the seriousness of the case, the physician should see that proper relief is forthcoming. The committee feels that this should be determined in each individual case rather than to be a matter for state legislation.

Group Nursing—All representatives present heartily endorsed the plan of group and hourly nursing. Group nursing is for hospital practice where two nurses on 12-hour duty care for more than one patient. This provides such care as is needed in most cases, wastes no time on the part of the nurse, and gives her an adequate time off duty for rest and recreation. The cost to the patient is also reduced.

The plan of hourly nursing is now being tried in some places, but it is believed that this type of service must be provided by a registry rather than

by an individual. The registry employs all nurses on a definite salary, and for definite hours of service. By districting a city or even a rural community a great saving of time can thus be made. The really necessary service can be rendered at a greatly reduced cost to the patient. It will require some education by the physicians, however, to overcome the desire of the patients to have some nurse of their choice, and to be willing to accept whoever is sent by the registry. The nurses present expressed the opinion that hourly nursing could be employed to relieve the busy hours in the hospital, as well as for use in the home.

The committee therefore recommends the following:

1. A nurse's training of not less than 28 months, with a preference for a three years course.
2. Better preparation—college or normal training—for class room teachers.
3. More clinical teaching by floor supervisors, even at the expense of some of the present class room work.
4. The endorsement of group and hourly nursing.
5. Improvement in floor nursing generally, to the point where even the severely ill patient can be safely cared for without special nursing.

C. E. Boys,
Chairman.

COMMITTEE REPORTS ON MEDICAL HISTORY

Flint, Mich., March 23, 1927.

To the House of Delegate,
Michigan State Medical Society.

The Committee on Medical History of Michigan appointed in obedience to a resolution adopted at the last meeting of the society reports as follows:

Progress has been made in a somewhat limping fashion in the compilation. Some little time has been devoted almost daily to the matter and results though small are not unsatisfactory considering that the committee is without secretarial assistance and has not been provided with funds for this or any other purpose. As to the lack of appropriation, however, the committee chairman is wholly responsible. Inquiry was early made by the secretary of the State Society as to what amount would be needed and the answer given that while the work was in an embryonic stage it was not the intention to incur any expense. The small disbursements thus far made for stationery, postage and traveling items is quite negligible.

This committee or its successor, however, will eventually require funds for office expenses, that is to say, secretarial, etc., if the incorporation of numerous biographies and, as is doubtless the case, extensive historical material is contemplated.

Reference is made above to "it's successor." With no intention to cross the bridge prematurely it is to say the least conjecturable by certain members of the present committee that their working days may not be sufficient for an accomplishment of this character and importance.

Indeed it is inexpedient to hurry it to completion. Much water will flow under the bridge in the next two or three years and lessons learned one day to be unlearned the next are all too familiar to those of many years in the profession. It may be confidently stated that permanent medical superstructures on firm foundations while not as rare as the white blackbird are at least not sufficiently numerous to cover a large portion of the landscape.

However, in passing, it is of extreme interest to record some of the hopes, the aspirations, the perplexities and misgivings, the trials and discouragements as well as the achievements of those who have gone before and whose, in the main, useful lives have been a benefaction to the neighborhoods in which they have toiled and struggled, have overcome or unhappily have battled with adverse conditions unsuccessfully.

Hence the desirability of accumulating data of an anecdotal and humanistic quality and if this present committee can accomplish no more, it hopes to assemble much of this and pass it on to successors. To this end a request was made in the February number of the Journal for contributions of professional or general interest concrening physicians. Previous to the publication of this appeal a note-worthy biography of a pioneer physician had been furnished by the competent and painstaking president of this society, and recently some interesting reminiscences of the Council by Dr. Dodge have been received.

With these the inventory is at the time of this writing complete, and it need scarcely be added that the response has not proven surfeitingly satisfactory. The time is not far distant when participants in 19th Century Medical activities will have passed from the stage. If it is desired to read from the book of their experience, to consult its pages at once is expedient.

The committee is anxious to obtain a picture, (photograph, painting, drawing, tin-type, whatever is available) of a pioneer physician of Michigan with his equipment, horse, saddle bags, accountrements. Is there any such in existence?

It would like also a picture of the physician wearing snowshoes who is often dependent upon these aids in making his daily round. Pictures of ministrations of the early physicians, of their offices and the scenes of their ministrations are also most desirable. Diaries, journals, letters, jottings, prescriptions are all of interest and would be welcomed by the committee. Obviously memorials, biographies and manuscripts already published need not be duplicated or forwarded but attention should be called to where they may be found.

For the information of members as to the scope of the history as proposed, the following outline is given. Under headings are filed, "Activities" (extra professional), "Anecdotes", "Army Service", "Biographies", "Books to Consult", "Books for Review", "Controversies", "Correspondence", "Diseases and Epidemics", "Early Physicians", "Experiences and Hardships", "Hospitals and Sanitariums", "Indians", "LaSalle and Other Early Explorers and Missionaries (the physicians in their company)", "Malpractice Suits and Litigation", "Medical Education", "Medical Institutions and Foundations", "Medical Journals", "Medical Societies", "Miscellaneous", "Outstanding Discoveries" and "Training Schools".

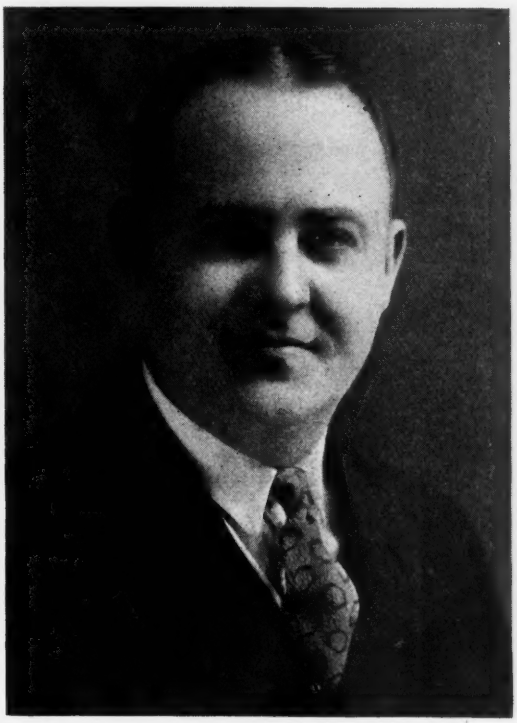
May the committee have the satisfaction of placing in one or more of these pigeon holes something from each member of the society?

With thanks in advance for what it is hoped to receive.

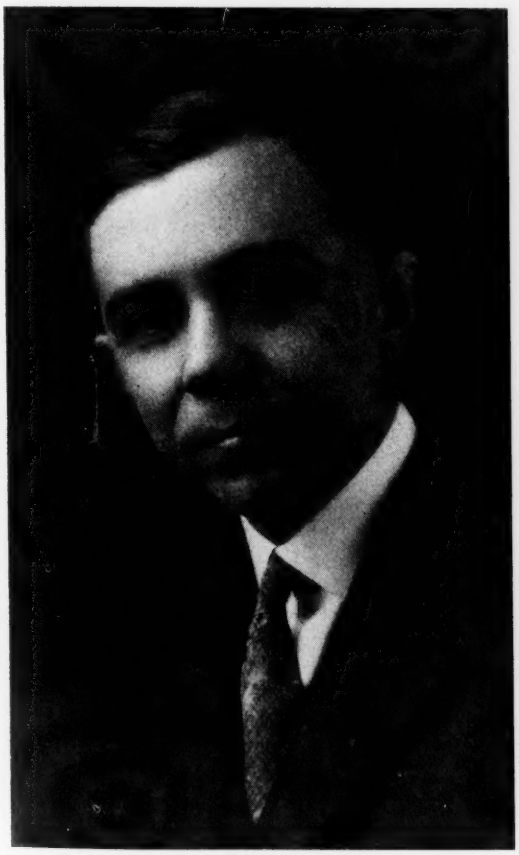
Very respectfully,

C. B. Burr,
J. H. Dempster,
W. J. Jay,
W. H. Sawyer,
J. D. Brook,
Committee.

G. H. SOUTHWICK, M. D.
Grand Rapids
Chairman, Section on Surgery



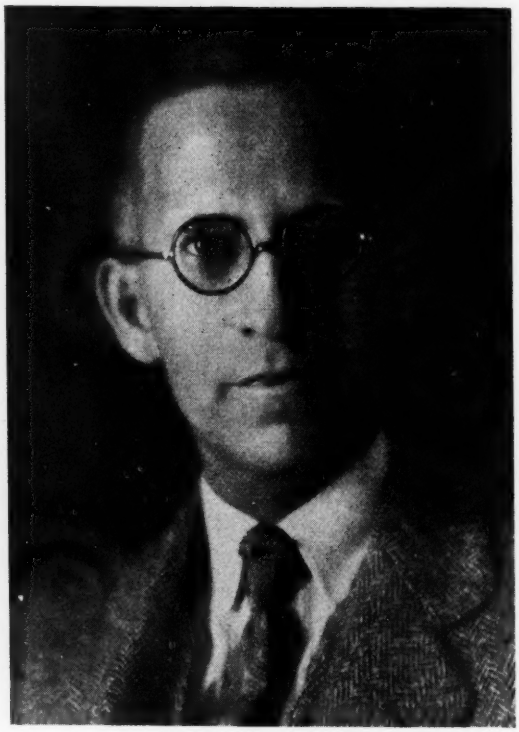
F. J. O'DONNEL, M. D.
Alpena
Secretary, Section on Surgery



R. M. KEMPTON, M. D.
Saginaw
Chairman, Section on Pediatrics

A. E. CATHERWOOD, M. D.
Detroit
Chairman, Section on Gynecology and Obstetrics

A. R. McKINNEY, M. D.
Saginaw
Secretary, Section on Ophthalmology and Oto-Laryngology



B. N. COLVER, M. D.
Battle Creek
Chairman, Section on Ophthalmology and Oto-Laryngology

CLYDE F. KARSHNER, M. D.
Grand Rapids
Chairman, Section on Medicine

W. R. VIS, M. D.
Grand Rapids
Secretary, Section on Medicine

EDITORIAL DEPARTMENT

EDITOR: Frederick C. Warnshuis, M. D., F. A. C. S.

ADDRESS ALL COMMUNICATIONS TO THE EDITOR—1508 G. R. NAT'L BANK BLDG., GRAND RAPIDS, MICH.

PUBLIC RELATIONS AND EDUCATION*

C. F. DE VRIES, M. D.

What I have to say in regard to public relations as applying to our local society, applies without a doubt to medical societies in general. I believe we can truthfully state that our public relations are showing marked improvement in every way. We in Lansing are at present experiencing a delightful relation with our public in at least two respects.

The first is in regard to necropsies. We have recently made a more serious effort in obtaining autopsies and have met with what we consider a fair degree of success. The hospital deaths in Lansing during January, February and March totaled 62, with necropsies done in 26 of them. This is a post-mortem percentage of approximately 42 per cent and I feel that this can be raised to 75 per cent. The failure to obtain necropsies is due to the lack of interest of the physician, rather than to any reluctancy on the part of the laity. We have, however shown that necropsies can be obtained and to my mind it reflects the confidence of the laity in the medical profession. Further than that we have found that necropsies arouse more interest in staff meetings, more interest in discussion of our cases and a greater endeavor to work up our cases properly. Let me recommend that all of you make a greater effort along this line.

Our next accomplishment, as far as the public is concerned, also concerns us personally, as it bears directly on our financial relations and should be of interest to your individual societies.

We have during the past winter organized what is known as the "Physicians and Dentists Accounting Bureau."

The function of the organization is to educate the people in general and the delinquent in particular that the professional man is entitled to the same consideration as the merchant when it comes to the distribution of the pay envelope.

While primarily the organization devotes its entire attention to collections, its functions take in two other important features:

A. The interchange of credit information among the profession.

B. Acting as arbitrator on disputed accounts.

Under A, the plan we are working is effective in that in the office of each member there is a two drawer filing unit in which is filed the name and address of the delinquent, the doctor or doctors he might owe and the amount. The doctor having a new patient come in refers to this file and if he is a delinquent, either arranges to get his fee or sends him back to the doctor owing.

In this way he protects himself and his colleague and eliminates the class of people who "shop" around from doctor to doctor.

The moral effect on the delinquent of having his name posted hastens the settlement of the bill owing, and if properly approached leaves no ill feeling against the doctor.

You probably are thinking that your local credit exchange covers that ground already, but we have found that an organization unless devoted entirely to our interests, does not render effective service because such an organization devotes its time to the merchant whose accounts are larger in volume and therefore neglects the professional man.

Our organization does not resort to form letters or any other mail campaign, but makes personal calls on all delinquents within reasonable driving radius of Lansing. By having practically the entire membership of each society, the number of accounts eliminates the long drives without a call and therefore cuts the collection charge down to minimum.

We have found that if the delinquent could pay some one, two or three dollars on pay day, which amounts he hates to come to the doctor with, he is more than pleased, and this personal call plan allows this to happen.

Under B, we have a board of governors made up of three of each profession who

* Read at the County Secretaries Conference.

acts as arbitrators on disputed accounts and who control the policy of the organization. This board also has access to all records and control the money on deposit to the organization credit, which is distributed monthly, less collection charges.

We are further protected by bond filed under Act 217 of Public Acts 1925, which required a $5,000 bond for all collection agencies.

As to our efforts in public education we are co-operating with the Extension Division of the University of Michigan.

We have in our society five doctors who this winter have given five lectures each in the public high schools on Pasteur, Reed, Trudeau, Lister and Jenner. This makes a total of 25 lectures covering at least 700 students.

Judging from my personal experience in this work I feel that Junior High school students are too young for this work. I should like to hear some discussion on this point. We have also taken advantage of every opportunity in presenting medical problems to our various civic clubs.

The recent political controversy in regard to the new Tuberculosis sanitarium gave us an opportunity of discussing modern medical progress before several of our civic clubs and I cannot help but feel that this effort helped us educate representative men in our so-called mutual admiration clubs.

This brief paper I trust gives you an idea of the progress we have made during the present year and I sincerely hope it may offer some helpful suggestions to other societies.

MINUTES OF THE EXECUTIVE COMMITTEE MEETING

The Executive Committee of the Council met in Jackson following the County Secretary's Conference on April 27th, at 4 p. m.

Present—R. C. Stone, J. D. Bruce, B. C. Corbus, J. B. Jackson, F. C. Warnshuis and Councilors Henry Cook and J. Hamilton Charters.

1. On motion of Dr. Corbus, supported by Dr. Bruce, the secretary was instructed to conduct two Post-Graduate Conferences in the Upper Peninsula during the summer months, one at Escanaba and the other at Marquette.

2. On motion of Dr. Bruce, the Council will have its first session in connection with the Annual Meeting at Mackinac Island, on June 16, at 8:30 a. m.

3. On motion of Dr. Corbus, supported by Dr. Bruce, the secretary was instructed to invite Dr. Victor C. Vaughan to deliver the address at the unveiling of the tablet on the Beaumont monument at Mackinac Island, at noon on June 17.

4. The secretary was instructed to not furnish stenographers for section meetings, but to instruct section officers that if those who discussed papers presented at section meeting desired to have their discussions printed at the time of publication of the paper that they be requested to furnish a synopsis of their discussion to the secretary, and that one stenographer will be employed for the meetings of the House of Delegates and the General Session.

5. On motion of Dr. Corbus, supported by Dr. Bruce, the expenses of Caroline Bartlett Crane in attending the National Meeting of the Woman's Auxiliary are to be defrayed by the State Society.

6. That the Executive Committee hold a meeting on June 1st in Grand Rapids at which time Dr. R. R. Smith's committee be invited to attend for the purpose of discussing the report that they are to submit to the House of Delegates.

The meeting adjourned.

F. C. Warnshuis, Executive Secretary.

MORPHINE AND OSTEOPATHS

For sometime we have been pursuing several government officials with the result that the following ruling and instruction is now in force:

Dr. Frederick C. Warnshuis,
Secretary-Editor,
Michigan State Medical Society.

Grand Rapids, Michigan,
May 19, 1927.

Sir:

Further reference is made to your letter of March 17, 1927, addressed to the Commissioner of Internal Revenue relative to the legal rights of osteopaths to use narcotic drugs in the practice of their profession in Michigan.

It has been ascertained by correspondence with the Attorney General of Michigan, that in his opinion osteopaths are not authorized by the laws of his state to dispense, distribute, or prescribe the narcotic drugs coming within the purview of the Harrison Narcotic Law. The Collector of Internal Revenue at Detroit, Michigan, has therefore been advised that persons qualified as osteopaths only, under the laws of the State of Michigan, should be refused registration as practitioners under the Harrison Narcotic Law.

Respectfully,
L. G. Nutt, Deputy Commissioner.

PRESIDENT JOHN B. JACKSON

That which our State Society has attained, the influence it has wielded and the

membership benefits that accrue must be credited directly to those members who have given of their time, thought and self to achieve organizational ends. We boast, and rightly so, that through the years such leaders have stood out in our history. We point with pride to such men as McLean, Connor, Walker, McGraw, Carstens and their associates as well as to those who have served as Presidents and Councillors. To that array we now add the name of John B. Jackson of Kalamazoo—our retiring president.

Our official minutes and records for the past 12 years record repeated instances that reveal all that which Dr. Jackson has contributed to our Society's welfare and for the membership. He has given of his time in abundance, he has constantly made available a dependable judgment, he has proferred over and over advice that was most helpful. Of high individual professional attainment, self effacing in conduct, unselfish and a true friend he has honored our Society and its members. We record our appreciation and express our thanks for all that he has achieved.

John Burt Jackson

WHO SHALL PERFORM CAESAREAN SECTION

Inasmuch as caesarean section involves both surgical and obstetrical considera-

tions, the question occasionally arises as to who shall perform the operation—a surgeon or an obstetrician.

Standardized general hospitals provide for a number of clinical divisions representing each of the major specialties, namely, surgery, medicine, obstetrics, pediatrics and eye, ear, nose and throat. Gynecology seems to be losing its distinctiveness and is fast becoming associated with surgery and obstetrics so that surgical operations formerly classed as gynecological now fall into the field of surgery, and obstetrical procedure formerly classed as gynecological is now obstetrical.

Dr. Walter Gossett in the June 1926 issue of the Kentucky Medical Journal in an essay entitled "Obstetrics as a Specialty," presents a clear conception of each side of the question. Inquiries were mailed to ten prominent obstetricians and surgeons. Only one classed caesarean section as surgical. He was a surgeon, stating that "Caesarean section should be performed by a surgeon who is working daily in the abdomen and therefore is supposed to be familiar with all conditions with which he may have to deal."

No one disputes that the obstetrician knows most about the pregnant woman and that he should care for her throughout her pregnancy, labor and puerperium. His care is largely medical in the prenatal and postnatal periods and obstetrical at the time of delivery. His familiarity with the female pelvis makes him proficient in rendering decisions involving this part of the anatomy. He must be able to meet certain surgical conditions arising at any moment during the stage of labor. His skill in operative obstetrics must be of the best quality. His work is a specialty, consisting of both medical and obstetrical practice. Should he perform surgical operations involving the opening of an abdomen as does the surgeon? Caesarean section is only indicated in from 2 to 5 per cent of obstetrical cases. It does not seem that the obstetrician qualifies as a capable abdominal surgeon when he only occasionally operates such cases. Conditions may at any time be present in the abdomen necessitating keen judgment and expert technique for the removal of a gallbladder, appendix, uterus or intestinal resection. The average obstetrician lacks experience in handling these cases and certainly does not qualify to do such work and should not be permitted to operate upon abdominal organs unless he has been especially trained to do so.

The average surgeon, on the other hand, opens many abdomens each week and from his experience no one questions that he is not qualified for all kinds of abdominal surgery. However, he is not skilled in obstetrics. There are more surgeons incapable of delivering obstetrical cases than there are obstetricians not able to perform an appendectomy. A surgeon usually chooses the easiest route and resorts to caesarean section more frequently than is indicated. His knowledge of the pelvis and the mechanism of labor is not sufficient to qualify him in passing judgment upon cases having relative indications for section. Surgeons do their work by appointment when the patient is ready for operation and usually cannot be interrupted by the necessary irregularity for caring for obstetrical cases. For these reasons the surgeon is not best suited to deliver obstetrical cases.

The solution of this problem may be logically solved in either of two ways. First, by allowing the obstetrician alone to take the responsibility of deciding the route, whether it be caesarean section or delivery through the birth canal. Where caesarean section is indicated, a competent abdominal surgeon shall take the responsibility of performing the operation. Co-operation between the two snould consist of the obstetrician as consultant and the surgeon as operator. The second solution would be to create a new specialty, namely, that of obstetrical surgery. Obstetricians and surgeons with aspirations along the lines of surgery and obstetrics could be given special training to render them highly proficient in such practice.

Harrison S. Collisi.

MINUTES OF THE MEETING OF THE JOINT COMMITTEE ON PUBLIC HEALTH EDUCATION HELD AT ANN ARBOR, MAY 9, 1927

1. Present: Doctors Jackson, Haynes, MacCraken, Sundwall, Stapleton, Huber, Dempster, Biddle, Bruce, Henderson, Sinai, Mr. Werle and Miss Ross.

2. In the absence of Dr. Little, Chairman of the Committee, Dr. Jackson was asked to act as temporary Chairman of the meeting.

3. Reading of the minutes of the last meeting, Mr. Henderson.

4. It was moved and carried that a statement of appreciation of the Joint Committee for the effective service rendered to the Publicity Division of the Committee by the Michigan Tuberculosis As-

sociation be added to the minutes of the meeting of January 24, 1927.

5. Report of the Committee on Publicity by Dr. Jackson and Mr. Werle. At the January meeting the Committee on Publicity was asked to report on the possibility of interviewing the various publicity activities as represented by the Fishbein health articles, Gorgas Memorial articles, and the publicity activities of the Joint Committee. Dr. Jackson's report consisted of three parts, as follows: (a) Communication with Dr. Fishbein revealed the fact that his (Dr. Fishbein's) health articles were released to the press as personal publications. This was taken to mean that his articles were not available for use in our Michigan Publicity Program. (b) Dr. Jackson reported that in the judgment of his Committee it would not be wise at the present time to undertake to co-operate with the Gorgas Memorial Committee on Publicity, because of some differences which exist between the Gorgas Memorial organization and the American Medical Association. (c) At the last meeting the Committee on Publicity was authorized to consider the advisability of arranging with Mr. Shoenfield, the official representative of the Detroit News, for a series of health articles to be published daily. A conference with Mr. Shoenfield brought out the fact that there were certain difficulties which had arisen in securing interviews with physicians of authority on the various subjects to be treated. It appeared that the Detroit News was willing to compensate some person who was approved by the Joint Committee to collaberate with Mr. Shoefield in the preparation of articles and interviews for the News. Dr. Sundwall suggested that Mr. Albert Renwick, a graduate student in his department, was eminently qualified, both by experience and training, to do such work. It was recommended that the local members of the Publicity Committee, (Doctors Sundwall, Bruce, Haynes, Cabot and Henderson), take up the matter of finding someone to work with Mr. Shoenfield in the proposed publicity project.

Mr. Werle then made a report of the number of articles furnished the papers of the state since the last meeting, together with the number of "takes" as reported by the Publicity Bureau.

Number of Joint Committee articles submitted since the January 24 meeting	14
Number of "takes"	77

Mr. Werle pointed out the fact that this number (77), was probably far below the number of actual acceptances, because of the fact that the Clipping Bureau was frequently unable to determine what articles were sponsored by the Joint Committee.

In this connection Mr. Werle then brought up the matter of a uniform slug heading for the papers of the state which use our publicity material. It was moved and carried that this slug bear the caption, "Michigan Health Service." Mr. Werle stated that these slugs could be obtained in lots of 100 at 18 cents apiece. It was also moved and carried that Mr. Werle be instructed to communicate with the papers of the state to find out how many were willing to use the Joint Committee health articles, with the understanding that those who expressed a willingness to co-operate should be furnished with slug headings. The Committee was authorized to draw upon the Publicity funds to meet the ex pense of purchasing the slugs.

6. Report of the High School Health Education Program by Dr. Sinai and Mr. Henderson. During the past year an intensive program of high school health lectures has been carried on under the personal direction of Dr. Sinai.

Total number of schools where lectures were given	91
Number of health lectures chosen for high school service	117
Total number of student contacts made through health lectures	114,000

During the year Dr. Sinai not only visited all the schools in question and had personal contact with the speakers, but he made one or more additional trips to the various centers to check up on the progress of the work. One of the most significant statements in his reports was the fact that every school in the present circuit had requested that the health lectures be continued next year.

Mr. Henderson called attention to a number of letters which had come in from the high schools of the state relative to the high school health programs. In practically every case the reports thus made were favorable. In many of the schools students who listened to the lectures were required to write out brief synopsis of the addresses. For example, in the Cass Technical High School of Detroit, the Physical

Director requested that copies of health lecture outlines be furnished to him so that he might personally make a class study of their contents. The English teachers in the Hillsdale High School stated that Dr. Sawyer's lecture on Pasteur was taken up by the English class for special study. The pupils of the Sherwood High School were required to make notes and prepare papers for their English exercises. A number of letters also were received from the Grand Rapids High Schools containing essays of health lectures delivered there. "Colt", the official publication of the Northwestern High School of Detroit, stated in a lengthy report of Dr. Charles Kuhn's lecture on Trudeau that this lecture was one of the most interesting talks ever given to the pupils at Northwestern High School. Mr. Henderson also read a communication from the Jefferson Junior High School of Port Huron, in which the following statement occurs: "Inspired by the various lectures given us in this city on the accomplishments of Lister, Pasteur, Jenner, and Trudeau, we are seeking pictures of these great scientists to post in our school rooms. We would like also to secure health education slides in connection with high school hygiene in the seventh grade." Dr. MacCraken stated that the Detroit College of Medicine and Surgery would be glad to furnish such slides and if proper material were supplied he would be glad to prepare enlarged pictures for use of the high schools. Mr. Werle also stated that the Tuberculosis Association was prepared to furnish lithographs of Trudeau and a limited number of lithographs of Pasteur.

It was moved and carried that the Joint Committee express its appreciation to Dr. MacCraken and the Detroit College of Medicine and Surgery for the valuable service rendered in the production of slides and for Dr. MacCraken's offer to furnish additional slides and prepare enlarged pictures for use of the schools of the state.

It was also moved and carried that the Secretary be instructed to furnish the desired pictures and slides so far as such matter is available.

7. Report of the Committee on Social Hygiene lectures by Dr. Sundwall. On behalf of the Committee consisting of Dr. Sundwall, Dr. Biddle and Dr. Olin. Dr. Sundwall read a carefully prepared report covering the subject in hand. On motion of Dr. Bruce, seconded by Dr. Stapleton, the report of the Committee was accepted and placed on file, with the understanding that the Committee was to be continued, with instructions to report at a later meeting as to ways and means of carrying on an effective educational program in social hygiene.

8. The question of the admission of the American Red Cross to membership in the Joint Committee was introduced by Dr. Huber. He head communications from Mrs. Vaughan and Mr. Baxter of the Red Cross organization. After a brief discussion of the advisability of admitting the Red Cross to membership, it was moved and carried that this organization through its Michigan representative, be invited to become a member of the Joint Committee on Public Health Education.

9. It was moved and seconded that the next meeting of the Joint Committee be held in Ann Arbor next fall upon call of the Secretary.

The meeting adjourned.

W. D. Henderson, Secretary.

MONTHLY COMMENTS

Medical—Economic—Social

Members driving by auto to our annual meeting are reminded that no automobiles are permitted on the Island. Cars may be parked in the garages and state park in Mackinac City.

No cult legislation was passed by the legislature. Active work by the State Society directed by Senator Greene and Dr. Guy L. Kiefer accomplished this end. Full details will appear in July Journal.

Delegates should be present at the opening session of the House of Delegates on the morning of June 16. A delegate assumes a definite responsibility to his local society. He can only acquit himself of that responsibility by attending all the sessions of the House of Delegates and participating in it's deliberations.

The program for our annual meeting will be found in the forepart of this issue. Once more do we urge attendance. This promises to be a most interesting meeting—one you cannot well afford to forego. Ample hotel accomodations, beautiful environment, a scientific program of practical discussions, opportunity for fraternal intermingling, a program of sports and a chance for relaxation. What better could you ask for? Plan to be there.

The annual meeting of the Upper Peninsula Medical Society is to be held at Iron Mountain August 3rd and 4th. Our plans at present call for registrations and introductory addresses on the morning of the 3rd, scientific papers in the afternoon of this day, with dinner and dance in the evening. A handicap golf tournament, with appropriate prizes will occupy Thursday morning. Thursday afternoon will be given over to the presentation of scientific papers.

Time did not permit including in this issue a report of the Washington Session of the A. M. A. It will be commented upon in our next issue. Dr. W. S. Thayer of Baltimore was elected President-Elect. Minneapolis was selected for the 1928 meeting. Your editor was re-elected as Speaker of the House of Delegates. Michigan was represented by a goodly number of members including our delegates Doctors Brook, Moll, Gorsline, Hirschman and Chapman.

Mrs. Caroline Bartlett Crane of Kalamazoo is the Chairman of the Committee that is perfecting the organization of a Woman's Auxiliary for our state. Mrs. Crane attended the national Auxiliary meeting in Washington. She is now active in organizing County Society Auxiliaries. Mrs. Crane is very eager that the State Auxiliary organization be perfected at our Mackinac Island meeting. To that end do we urge that county organizational committees come to our annual meeting. Every members wife is eligible, so bring your wife to Mackinac Island and urge that she aid in this organizational program.

"Asleep at the switch"—we feel sorry for the sleeper. We have laughed at the auto driver who falls asleep and lands in the ditch—it seemed so foolish and careless. But, we live and learn and as years roll by the saturation of experience induces sounder opinions and softens appraisals while also causing increased tolerance. A night of but four hours sleep, a busy day and then the necessity for a 100 mile drive commencing at 11 p. m. Rain, windows almost closed, heat and hum of the motor, steady gaze at the road ahead, all induced a drowsy mental alertness—when bump, bump, bang—we're in the ditch, but fortunately not turned over. Fell asleep at the wheel—it can and does happen. We know; it's a helluva sensation.

Communities have spent billions in the purchase of fire-fighting apparatus, engine houses, water systems and firemen's pay rolls. Then someone woke up and found that fires could be prevented, losses reduced and insurance rates lessened. There resulted a fire prevention campaign, education of the public in prevention measures and our fire loss and cost is being steadily reduced each year.

This leads us to make a comparison. Millions are being spent each year in caring for and treating crippled and defective children. The Shrine, Masons, Elks, Knights of Columbus, Rotary and maybe a dozen other organizations are collecting funds, building hospitals, providing clinics and are rounding up hundreds of crippled and defective children into these clinics and hospitals. Sob sisters and sob brothers are wailing and bemoaning these unfortunates and "workers" who are on salaries join in the chorus. Now we do not deny that these "kiddies" merit some help and require some aid, but we do hold that there are a sufficient number of organizations engaged in the work. New organizations are not needed; new clinics are not required.

What is required is a virile, well organized, aggressive movement of prevention and education. As fires can be prevented and losses reduced, so too, can the number of crippled and defective children be prevented and their economic loss reduced. The time is here when someone should wake up these fraternal and charity organizations to this fact. Let them compile the preventative methods and then set forth in a campaign to educate the people so as to reduce the number of defective children that are being born faster and in greater numbers than these hospitals and clinics are curing. We decry all this treatment propaganda and sympathy sobs and plead for facts and action that will be preventative.

OUR OPEN FORUM

Affording Opportunity for Personal Expression

Editor of The Journal:

At the time of the Sectional Meeting of the American College of Surgeons for the states of Ohio, Michigan, Kentucky and Indiana, held in Dayton, February 21 and 22, it was decided that the Executive Committee for your state, of which you are Secretary, should stand for another year. The Committee consists of the following members:

Chairman—Walter R. Parker, Detroit.

Secretary—Frederick C. Warnshuis, Grand Rapids.

Counselors — Charles E. Boys, Kalamazoo; Joshua G. R. Manwaring, Flint; Ray C. Stone, Battle Creek.

Your very truly,

Allan Craig.

Dear Doctor Jackson:

Dr. Warnshuis has written, asking us to send you a copy of the last issue of our State Journal, giving a report upon our successful battle to amend our medical practice act so it will be enforceable. At Dr. Warnshuis' suggestion, we are sending you a copy of this Journal and you will find the report referred to upon pages 149 to 152. The passage of our act was due to a complete and active organization of the state medical profession.

I am showing the letter received from Dr. Warnshuis to our state president, Dr. Frank Cregor, whom I believe is better prepared to give a resume concerning legislative organization work in Indiana than almost any other man. A brief outline of our organization work follows:

The basis for our legislative organization started four years ago with the appointment of legislative committees in each county society. These committees are responsible for the legislators elected from their counties and are at the beck and call of the state committee at Indianapolis. These committees are legally appointed by each county society each year and their names certified to the headquarters office. They prepare slates during the primaries and get the legislative candidate's view upon scientific medicine even before they are nominated. Following the nomination they receive a blank from headquarters similar to the one enclosed. This blank is filled out by the committee following an interview of the candidate. It is then sent to the headquarters office and filed. By the time the legislators are elected we know each candidate's family physician, we know his general attitude towards scientific medicine and, most of all, we should know what layman has the most influence with him.

Starting in the summer before the legislature, just after the nominations, the president and the secretary of the state association make a trip into each of the thirteen districts. A special district meeting is held upon the call of the district councilor. Invited to this meeting are:

1. Secretary and president of the county societies composing the district.
2. The members of the legislative committees composing the district.
3. Officers of the district society.

The district meetings usually are dinner affairs. The executive secretary of the state association has a program arranged which may be followed at the discretion of the district councilor. Reports are made on each individual candidate. A general outline is laid for the legislative program.

These district society meetings held last summer and fall before the election were of immense value and put headquarters of the state association in direct touch with the various county societies. So far this is all preliminary work. Following the preliminary work comes the real legislative battle. The story of how the battle was fought in Indianapolis this last winter is given in the report whic happears in The Journal we are sending you.

Don't hesitate to call upon us for any other information you think we can give you.

Yours sincerely,

Thomas A. Hendricks,

Executive Secretary, Indiana.

Editor of The Journal:

At our last annual meeting the suggestion was made and adopted that we send a delegate to your meeting at Mackinac Island, June 14th to 17th. This delegate, Dr. John R. Minahan, Green Bay, Wisconsin, comes to you looking for information that he can carry back to us on activities which we may adopt. Specifically, he does not visit your meeting to tell you of Wisconsin activities.

At your convenience I know that Dr. Minahan would appreciate a copy of your program and other information on the meeting plans. Thank you so much.

Cordially and sincerely yours,

J. G. Crownhart, Secretary, Wisconsin.

Editor of The Journal:

Following is a copy of a telegram from Dr. John McMullen, Senior Surgeon, U. S. Public Health Service, detailed to the American Red Cross at Memphis, Tennessee, on account of the flood disaster.

"Flood disaster has developed urgent demand for experienced health officers with administrative ability, sanitary engineers, epidemiologists and enormous need for biologics. We know we can count on your state for help. In order to answer calls it is necessary to know in detail names, qualifications, salary or how long, two weeks, a month, two months and so forth, for each person available. Also advise quantity and kind of biologics available now and later conference of state health officers of seven affected states with U. S. Public Health Service here. Agree that requests for and offers of professional service and material be cleared by state health officers through Medical Service, American Red Cross, which will bear expenses when necessary."

I have written Dr. McMullen that I have appealed to you, asking that you try to obtain volunteers from the general medical profession for the purpose of helping out in the struggle that they are having in the south and southwest.

Unfortunately, we are unable to do much from

this department because we have no excess of men nor have we sufficient money to spare for biologics.

I hope you will be able to help me obtain some volunteers because it would look bad if Michigan were to lag behind at a time of this kind.

Very sincerely,
Guy L. Kiefer, M. D.,
Commissioner.

Editor of The Journal:

Thank you very much for your very prompt letter giving us information on your Endowment Foundation and the articles of its creation.

This information will indeed be of help to us in drafting our Endowment Fund, and if we can ever be of service to you, please call upon us.

Very truly yours,
W. J. Burns, Executive Secretary.

Editor of The Journal:

The Federal Government has made a rate for the care of Federal prisoners confined in county jails as follows:

For the first prisoner seen in any one day, $2.00.

All other prisoners seen in the same day, THE LARGE SUM OF $.50. The attending physician is to furnish the medicine used and send in the medicine bill at the same time. Now the government does not pay the bill as sent in but as they think the medicine is worth.

Is this right?

I have tried to find out WHO MADE SUCH RATES but I can't find out a thing. First I took it up with the U. S. Marshall and he told me the rate was made in Washington. I then asked the Federal District Judge (Arthur Tuttle). He said it was a shame but he could not tell me who made the rate. I then asked our Representative, Bird J. Vincent and he did not have the courtesy to answer my letter but he could ask me for all kinds of help when running for office.

Now can you, as State Secretary of the Michigan Medical Society, find out who it is that made such rates? Do you believe that a doctor who will make calls for that sum should be a member of either County, State or the A. M. A.?

But some of the doctors that do this work and for the amount stated are members. If they will work for such cut rates what is the use of the Association? Dr. Baird of Bay City does the work in Bay County. I did it here only until I found out what the pay was, then I resigned.

You should take this matter up and see that the rates are changed. Our Society here are afraid to do anything about it. I think it a damn shame and am not afraid to say so. Will you let me hear from you on this matter?

Sincerely,
Dr. B. F. A. Crane,
County Coroner.

Editor of The Journal:

You may see I received this just after writing you. Now if the doctors will just go after this thing the rates will soon be made right. It is more often the doctors fault than the laity that we do not get what is our just dues. Please that this matter is taken up in the right way. I have fought this thing alone and am slowly getting results but if the Michigan Medical Society takes it up we can make better time. Yes, and get better rates. For rates see my last letter. Two dollars first call and $50 for all other calls that day for care of federal prisoners in county prisons.

Sincerely,
Dr. B. F. A. Crane.

Dr. B. F. A. Crane,
821 Stephens Street, Saginaw, Michigan.

My Dear Doctor:

I apologize for not acknowledging at an earlier date your kind letter of April 30th. I had hoped to be able to get the information you asked for and send it to you in one letter. I have not yet been able to secure the information needed. I am taking this occasion therefore, to acknowledge receipt of your letter and to say that just as soon as I am able to get the information, I shall be more than glad to forward it to you. I agree with you that these rates for medical services, as stated in your letter, seem unreasonably low.

With kind regards,
Yours sincerely,
Bird J. Vincent.

Editor of The Journal:

I understand that the American Medical Association is collecting data to be used as a basis for approval of schools for laboratory technicians. In view of this activity on the part of the committee for Medical education, I wonder if it would not be wise for the council of the Michigan State Medical Society to take some action in support of the new course of study at Michigan State College.

The college faculty are about to approve a requirement for a Doctor's Degree in this course which requirement will consist of a Bachelor's Degree, and two years of preceptorship in approved hospital, public health or research laboratory with a final year of resident work at the college. The preceptors under whom the candidates for this degree will be placed are to be approved by the college faculty, and must also be approved by the American Medical Association in much the same way as hospitals are now approved for interne training.

Those of us who are interested in this new educational venture feel that men who have secured the training required for the Bachelor Degree and in addition have been apprentices in high class laboratories would have all of the ground work necessary for Clinical Pathology.

One of the objects of establishing this course was to supply the field of pathology, bacteriology, and clinical laboratory work with men equally well trained as doctors of medicine, but who because of their highly specialized training and the possession of a strictly science degree would never be permitted to practice medicine, thus assuring their remaining in laboratory work.

I understand through Dr. Cook, that there is some possibility of a council meeting next Wednesday at Jackson, and I hope that in view of this course being somewhat in the nature of a "child" of the Michigan State Medical Society, that the council assists in its recognition by the American Medical Association. It seems to me that every effort should be made in with holding recognition from privately owned schools no matter what their standard may be.

With kindest personal regards, and assuring you of my great appreciation of your interest in this matter, I am,

L. R. Himmelberger.
Toledo, Ohio.

NEWS AND ANNOUNCEMENTS

Thereby Forming Historical Records

Dr. Gordon Bahlman will spend the summer in London, England doing post-graduate work.

Dr. and Mrs. G. J. Curry are sailing June 11th for three months post-graduate work abroad.

Dr. R. G. B. Marsh of Tecumseh will spend the month of July in post graduate work at Harvard.

Dr. A. S. Warthin has been elected president of the American Association for Cancer Research.

Dr. S. K. Church of Marshall has been re-elected health officer of that community.

Dr. A. P. Biddle of Detroit has been elected Commander of the Michigan Naval and Military Order of the Spanish-American War.

The work on the new Hurley Hospital is progressing rapidly, the third story is about completed.

Doctors F. T. Edwards, University of St. Louis, 1915, and Wm. Keating, North Western Medical School, 1906, have been appointed to the Interne Staff of Hurley Hospital.

The Medical Staff of Hurley Hospital will meet Monday, May 8, 1927, 6:30 p. m. at the Nurses Home. The following program will be rendered: Dr. P. Leucocia, Physician in charge of X-ray Therapy, Harper Hospital, Detroit, Michigan, on "Results of X-Ray Therapy in Inoperative Malignancy." The above program is in connection with Cancer Week activities.

DEATHS

Dr. A. L. Jacoby, director of the psychopathic clinic of the Detroit Recorder's court, died May 2nd at a hospital in Springfield, Mass., following an acute attack of appendicitis. He was well known for his knowledge and study of criminals.

Dr. Sven Jesperson, Battle Creek, died Friday, May 15th, following a week's illness. He was for many years a member of the staff of the Battle Creek Sanitarium, severing his connection with them four years ago to enter private practice. Dr. Jesperson is survived by his widow, Dr. Lydia Jesperson, and one son .

The Journal has just received word of the death of Dr. L. W. Toles of Orlando, Fla. Dr. Toles moved to Florida two years ago and before that was a resident of Lansing, where he was active in civic affairs and also in affairs pertaining to the medical profession. He was a member of the Ingham County Medical Society, the Michigan State Medical Society and also of the American Medical Asosciation.

Dr. Frank T. F. Stephenson, 901 First National Bank Bldg., Detroit, died in Providence Hospital, Saturday, May 21, of complications following an operation. Dr. Stephenson was born November 20, 1874, in Burlington, N. J. He came to Michigan at an early age, attended the Michigan Agricultural College and the Detroit College of Medicine and began practicing medicine in Detroit in 1901. For many years he was a member of the staff of Providence Hospital, and in 1916, 1917 and 1918 he was head of the department of medicine and for twelve years he was professor of chemistry at the Detroit College of Medicine. Dr. Stephenson was active in the various medical associations and also was a member of several fraternal orders.

Dr. Robert LeBaron needs no eulogy from press or pulpit. His eulogy is written deep in the hearts of his friends by his kindly acts. We feel our inability to say what is in our hearts about this great friend of ours, whose hearty voice and cheering smile is still with us, but in memory only. His going away is felt as a keen personal loss by the entire community. He was more than a good physician—He was a man.

All of the good qualities which go into the make-up of those men whom the people respect and revere were his in infinite quantity. Scarcely a home within a radius of many miles of Pontiac but has been cheered in time of trouble by his kindly smile and his gentle ministrations, and in every one of these households he is mourned as more than a friend.

Dr. LeBaron was born near Batavia, N. Y., June 27, 1838. He passed his early school days in Wayne and Oakland Counties, Michigan, and when eleven years of age went to Livingston County, where he made his home for fourteen years with Dr. C. W. Haze, under whose direction he commenced the study of medicine. After a preparatory course he entered the Medical Department of the University of Michigan, from which he was graduated in March, 1861. He immediately began practice in Livingston County, continuing for two years in association with Dr. Haze. About this time he received the appointment of Assistant Surgeon of the 4th Mich. Vol. Inf. Reg., and later acted as surgeon of the Regiment. He continued in the service until July, 1864, when he was mustered out at Detroit.

The 4th Mich. Inf. belonged to the Army of the Potomac, the grandest army that ever bore arms in defense of a nation's honor. He who knows the history of the Army of the Potomac knows the history of the 4th Mich. Vol. Inf. and can imagine some of the hardships through which our subject passed to keep the old flag floating in a Union sky.

In August, 1864, Dr. LeBaron located in Pontiac, where he spent the remainder of his life in service to his fellowmen, building up a large and lucrative practice. He was a man of great strength of character and stood high in public esteem.

With all the grief his passing brought to us, we should feel grateful that for so many years we have been blessed by the presence and services of this able physician and kindly man.

The lives of such men live after them, a blessing to the community in which they have been spent. May his reward be as great as his life deserved, and may his memory be always with us as an example to be emulated.

It is truly worth having lived, to be so sincerely mourned.

COUNTY SOCIETY ACTIVITY

Revealing Achievements and Recording Service

EATON COUNTY

The Eaton County Medical Society held its regular monthly meeting on the evening of April 29th at the Community Hospital, Charlotte, Michigan.

The minutes of the last meeting were dispensed with and as there was no new business to be considered the Society at once proceeded to the program of the evening.

Dr. Guy L. Kiefer, State Health Commissioner, then addressed the society on "Immunization Against Scarlet Fever." He gave us a very instructive outline of the work done in the working out of the Dick test, of its accuracy and its need in determining one's natural immunity to scarlet fever, and the 100 per cent immunizing power of the Dicks toxin. He emphasized that the immunization was without danger and should be used more generously throughout the state.

There were about 18 physicians present and all felt highly repaid for their effort put forth to attend.

H. I. Prall, Secretary.

MUSKEGON COUNTY

Regular monthly meeting of the Muskegon County Medical Society was held at the Occidental Hotel at 6:30 p. m., May 6, 1927.

After a short business session the meeting was turned over to Dr. R. Earle Smith of Grand Rapids, who gave an excellent illustrated lecture on "Recent Methods of Treatment and Diagnosis of Syphilis."

The meeting was attended by thirty-one members and a liberal discussion followed the lecture.

A. W. Mulligan, Secretary.

GOGEBIC COUNTY

Mr. Charles M. Humphrey, an Ironwood attorney, addressed the Gogebic County Medical Society in the regular meeting held on Friday, May 13. The subject of the address was "Medical Jurisprudence." The address was highly instructive and was prefaced by a very interesting and humorous comparison of the progress made by the legal and medical professions. Dr. A. J. O'Brien, Dr. D. C. Pierpont, and Dr. R. I. C. Prout were chosen to serve as members of the board of directors together with the president, Dr. P. R. Lieberthal, and the secretary, Dr. Louis Dorpat. Dr. E. B. Stebbins, chairman, Dr. W. L. Maccani and Dr. C. C. Urquhart were chosen as a committee to visit members of the society who are ill. At the next meeting to be held June 19, Dr. A. J. O'Brien will read a paper on "Endocrinology." It is planned to arrange a picnic in the month of July.

Louis Dorpat, Secretary.

ALPENA COUNTY

On April 21st the Alpena County Medical Society was honored by having as their guest Dr. Guy L. Keifer, State Commissioner of Health and there were assembled some twenty physicians from Alpena and surrounding towns for this meeting.

Dr. Keifer motored up from Lansing and was accompanied by his most charming and gracious wife and were met by a goodly number of the Alpena physicians and their wives at the hotel, where a 6 o'clock dinner was enjoyed. After dinner all present adjourned to the high school auditorium where Dr. Keifer delivered a public address to a good sized audience on "Matters Pertaining to Individual and Community Health"—a wonderfully fine address, strikingly delivered and well received. Following the meeting at the high school a social hour was had with Dr. and Mrs. Keifer, in the grill room of a local cafe, at which were present all the local and visiting physicians together with their wives and sweethearts and following a whitefish dinner, Dr. Keifer addressed the physicians on the subject of "The Acute Infectious Diseases, Especially Scarlet Fever, Its Prevention and Treatment by the Use of Serum." Following Dr. Keifer's address a round table discussion was entered into and Dr. Keifer was called upon to answer many questions which he did to the satisfaction and enlightenment of all present.

Being loath to let Dr. Keifer leave our community without further opportunity to spread his wonderful message of Good Health, he was prevailed upon to remain over until the following morning and address the high school assembly, which included every student and the faculty of our high school.

Again, Dr. Keifer delivered a wonderfully inspiring address, bringing a message of clean habits and right living to a group of young and receptive minds and we feel that great good will result therefrom.

Alpena feels honored by having Dr. Keifer with us, if only for a brief stay. It did us good to know him and his most charming and gracious wife and we feel that his coming was of inestimable value both to our profession and to our community.

Wm. B. Newton, Secretary.

ST. CLAIR COUNTY

A regular meeting of Saint Clair County Medical Society was held at Hotel Harrington, Port Huron, Michigan, April 21, 1927. Supper was served at 6:30 p. m. The program began at 7:30 p. m. Members present: President Ryerson, Doctors Smith, Vroman, Ard, Kesl, Attridge, Treadgold, Burley, Patterson, Morris, Callery, Windham, Waters, Derck, Wellman and Heavenrich. Miss Josephine Halvorsen, Miss Elizabeth White and a body of student nurses from Port Huron Hospital were present as guests of the Society.

Dr. Don M. Campbell of Detroit read a paper on "Otitis Media, Mastoid Infection and Complications Thereof." His talk was illustrated by lantern slides. At the conclusion of his paper discussion was opened by Dr. M. E. Vroman, followed by Doctors Smith, Treadgold and Callery. Dr. Campbell closed the subject in the usual manner. A rising vote of thanks was given the

speaker by the Society. Meeting adjourned at 9:55 p. m.

A regular meeting of Saint Clair County Medical Society was held at Hotel Harrington, Port Huron, Michigan, May 5, 1927. Supper was served at 6:40 p. m. The program began at 7:45 p. m. Members present: President Ryerson, Doctors Smith, Vroman, O'Sullivan, Kesl, Morris, Ard, Waters, Heavenrich, Callery, Windham, LaRue, Haight, Ney and Wheeler. Miss Marie Fouchard, Superintendent of Port Huron Emergency Hospital and a group of supervisors and student nurses from Port Huron Hospital were guests of the Society.

Meeting called to order by President Ryerson. A motion was made by Dr. Reginald Smith, supported by Dr. M. E. Vroman, that the Society send a box of cigars to Mr. Wallace of the staff of the Desmond Theatre for his services as lantern operator for Dr. Don M. Campbell at the last meeting. Motion carried and the Secretary was instructed to comply therewith. Dr. Gertrude O'Sullivan asked the members of the Society not to make diagnosis of Varicella by telephone because the state law required an actual visit by a physician. Dr. Heavenrich demonstrated the latest device for resuscitation from gas poisoning and invited the members of the Society to call upon the Detroit Edison Company at any hour in emergencies if the apparatus could be used. Dr. Heavenrich stated the matter of transfer of telephone calls for physicians had been considered by the local manager of the Michigan Bell Telephone company, and a common point to clear all such transfers might be had for a small extra charge each month. The Secretary read a telegram from the State Society relative to chiropractors bill being reported out by the Senate Committee. No action was taken by the Society.

Dr. Boersig of Park, Davis & Co., then showed a two reel motion picture of the manufacture of biological products at the laboratories and at Parkdale. Following the picture Dr. Boersig answered many questions upon the subject by members in attendance. Meeting adjourned at 9:10 p. m.

George M. Kesl, Secretary.

BERRIEN COUNTY

The Berrien County Medical Society held its April meeting at the Hotel Vincent in Benton Harbor on April 26th, with dinner at 6:30, followed by the business meeting.

Dr. W. A. Smith of Berrien Springs was voted into the Society. Dr. W. C. Ellet of Benton Harbor was elected as delegate to the State Convention at Mackinac, and Dr. R. H. Snowden of Buchanan was elected alternate. A committee was appointed by the president to form the Women's Auxiliary in Berrien County. Mrs. C. A. Mitchell of Benton Harbor, Mrs. B. D. Giddings of Niles, and Mrs. H. G. Bartlett of St. Joseph.

Two excellent papers were given, one by Dr. Foshee of Grand Rapids on "Treatment of Thyroid Toxemias," and the other by Dr. Harrison Collisi on "The Toxemias of Late Pregnancy." Although the meeting was only 50 per cent attended those present were well pleased and expressed their appreciation to the men from Grand Rapids.

Cancer week will be observed in Berrien County May 9th to 14th, following the Blossom Festival. Dr. C. N. Sowers of Benton Harbor has Charge of arrangements and is planning clinics and public meetings for the dissemination of cancer information.

W. C. Ellet, M. D., Secretary.

OAKLAND COUNTY

A meeting of the Oakland County Medical Society was held at the Board of Commerce March 18th, 1927.

Twenty-five members and two guests were present.

The meeting was called to order by President Colvin.

Minutes of the last meeting were read and approved.

A letter of tribute to the late Dr. LeBaron was read by Dr. Sutherland of Clarkstown. It was moved by Dr. Ferguson and seconded by Dr. Fox that the condolences be accepted by this Society and placed on Society record. A copy to the family and to the State Medical Journal for publication.

A letter of similar character to the late Dr. Bradshaw of Royal Oak was read by Dr. Morrison of that city.

It was moved by Dr. Sibley, seconded by Dr. Fox that a copy be placed on Society records, a copy sent to the family and one to the State Journal for publication.

The proposition regarding the program to be held by this Society at Flint was referred to the Board of Directors.

The paper of the evening was one of "Pituitary Tumors," given by Dr. Max Peet of the University of Michigan at Ann Arbor. Dr. Peet's talk was learned and valuable. It was highly appreciated by the members of the Society and subjected to discussion and questions.

There was a meeting of the Oakland County Medical Society at the Board of Commerce April 28th at 6:30 p. m. Dinner was served.

The business of the evening included a motion picture by Dr. Robert H. Baker, seconded by Dr. Cobb that a proposition of creating a Physicians Exchange in Pontiac be referred to the Pontiac Physicians Society, action to be taken by them.

A communication from the Boy Scout's Executive of Pontiac, asking for aid to the extent of approximately $200 for the building and placing at Tommy's Lake a shack to be used as a first aid station for the Boy Scout's organization was referred to the Board of Directors.

Bills were checked and allowed.

There was a report made by the Chairman of the Legislative Committee, Dr. E. V. Howlette of Pontiac.

The program for the evening consisted of motion pictures representing the mode of manufacture and the handling of biological preparation. This was presented to us in motion pictures by Dr. Boersig, a representative of Parke, Davis & Co., Detroit.

The meeting was adjourned.

Frederick A. Baker, Secretary.

INGHAM COUNTY

Report of Post-Graduate Conference, Lansing, April 26, 1927 at Elks' Temple is as follows:

The Post-Graduate Conference held in Lansing, was a decided success, judging from the remarks of those in attendance. The program was carried out in every detail and our registry showed an attendance of 70. We felt that the program covered points of practical significance to the men in practice.

Much interest was manifested in Dr. Youman's paper on the "Newer Treatment of Pernicious Anemia." Dr. W. J. Cassidy's paper on "Fractures" deserved credit for showing practitioners, in a very improved manner, many common sense procedures in the treatment of the more common fractures. Dr. Alexander Campbell's paper was very interestingly demonstrated by moving pictures and demonstrated many helpful hints to the obstetricians. Dr. P. M. Hickey of Ann Arbor, gave two papers in his usual interesting manner. The one of special importance being on the "Evaluation of Gastric X-ray Report."

Doctors were registered from Ann Arbor, Lansing, Grand Rapids, Charlotte, Fowler, Eaton Rapids, Detroit, Reading, Mason, Jackson, Hillsdale, Cadillac and East Lansing. We are certain that the Ingham County Medical Society recommends these Post-Graduate Conferences as a wonderful aid to the general practitioner as well as specialists.

C. F. DeVries, Secretary.

MICHIGAN STATE MEDICAL SOCIETY POST-GRADUATE CONFERENCE, LANSING, APRIL 26, 1927—HOTEL OLDS

PROGRAM

11:00 a. m. Opening Remarks,
B. F. Green, Councilor.
11:00 a. m. Treatment of Peptic Ulcer,
John B. Youmans, M.D., Ann Arbor.
11:30 a. m. Evaluation of Gastric X-Ray Report,
Preston M. Hickey, M.D., Ann Arbor.
12:00 m. Luncheon—Hotel Olds.
1:15 p. m. Newer Treatment of Pernicious Anemia,
John B. Youmans, M.D., Ann Arbor.
1:45 p. m. Cancer of the Esophagus,
Preston M. Hickey, M.D., Ann Arbor.
2:15 p. m. Fractures,
W. J. Cassidy, M. D., Detroit.
2:45 p. m. Preservation of Interuterine Life,
Alevander Campbell, M. D., Grand Rapids.
3:15 p. m. Acute Abdominal Conditions,
W. J. Cassidy, M. D., Detroit.

WASHTENAW COUNTY

At our meeting last night the Washtenaw County Medical Society unanimously voted Dr. Victor C. Vaughan to Honorary Membership.

Proposal for similar recognition by the State Society is to be made in regular manner for action at Mackinac Island.

Kindly see that there is no break in Dr. Vaughan's files of The Journal. Bill for interval if received by us will be honored by our Society.

Theron S. Langford, Secretary.

LENAWEE COUNTY

We have made final arrangements for our June meeting for Lenawee County.

The meeting will be held at Morenci on June 9th, at the Morenci Hotel, jointly with the members of Fulton County, Ohio. There will be a dinner at 6:00 p. m., eastern time, followed by the scientific program, which will be as follows:

"The Bedside Diagnosis of Diseases of the Upper Abdomen," by Dr. C. H. Heffron of Adrian.

"The Surgical Treatment of Diseases of the Upper Abdomen," by Dr. L. J. Stafford of Adrian.

The discussion will be opened by two members of the Fulton County Medical Society.

While this meeting is going on the doctor's wives will meet in Morenci with Mrs. C. H. Westgate for the purpose of organizing the Women's Auxiliary of the Lenawee County Medical Society.

There will be no meeting of the Society in July. The annual picnic will be held in August at the cottage of Dr. and Mrs. L. J. Stafford at Sand Lake.

I would appreciate having this report included in the report of the April meeting which I have already sent to your office.

The April meeting of the Lenawee County Medical Society was held in Adrian on Thursday the 21st, 1927.

This meeting was held jointly with the Lenawee Bar Association at the Dobbins Tea Room on South Main street. Dinner was served at 6:45 p. m. There were 10 lawyers present, and 33 physicians including Doctors Tibbals and Jackson. Dr. Johnson, a member of Hillsdale County Medical Society, was a visitor.

After the tables were cleared, President Hammel introduced Dr. Frank B. Tibbals of Detroit as the first speaker. Dr. Tibbals spoke on the topic, "The Cause and Prevention of Malpractice Suits." He gave a very clear idea of what he believes to be the three main causes of malpractice suits, namely the "hungry lawyer," the "jealous doctor," and the "dissatisfied patient." He cited numerous examples of different cases with which he has been familiar during his 17 yaers experience as a member of the Medical Defense Committee. He gave his opinion that the best means of preventing these cases was for closer union and better fellowship between physicians in their respective communities. He also stated that a change in the present system of expert medical witnesses would help to keep cases of this kind out of the courts.

President John B. Jackson was the second speaker and after outlining the program of the State Society for the coming year, telling us some of the things that are being done now, he gave a very fine talk on the benefits of organization.

Mr. James H. Baker, President of the Lenawee Bar Association, expressed the appreciation of the members of the Lenawee Bar, in being invited to the meeting and extended a cordial invitation for the Members of the Medical Society to meet with the Lawyers on May 9, 1927, at the Lawyers Club in Ann Arbor.

The routine business of the Society was dispensed with until the meeting in May.

The June meeting will be held jointly with Fulton County Medical Society of Ohio. The meeting will be held either in Morenci or Adrian. The speakers will be Doctors L. J. Stafford and C. H. Heffron of Adrian. Their papers will be discussed by two members of Fulton County.

R. G. B. Marsh, Secretary.

TRI-COUNTY

Members registered at Michigan State Medical Society Post-Graduate Conference, held at Mercy Hospital, Cadillac April 19, 1927 were:

E. B. Miner, C. F. Inch, M. Velkoff, L. Swanton, Traverse City; E. B. Babcock, Kalkaska; G. M. Brooks, Tustin; Earl Fairbanks, Luther; S. E. Neihardt, South Boardman; G. O. Switzer, L. J. Goulet, Ludington; J. D. Buskirk, A. R. Hayton, Shelby; H. S. Collisi, Grand Rapids; A. A. McKay, Manistee; E. A. McManus, Mesick; J. F. Douma,

Lake City; Willis Geerlinga, N. DeHaas, Freemont; A. Holm, Leroy; T. Y. Kimball, Manton; E. L. Eggleston, Manly J. Capron, Battle Creek; W. L. Chandler, Ward Giltner, East Lansing; David Ralston, J. F. Carrow, W. Joe Smith, Otto I. Ricker, J. F. Gruber, G. D. Miller, S. C. Moore, Cadillac.

Dr. Ralston (Honorary Member of State Society) just returned from spending the winter in New York City.

Report of Michigan State Medical Society Post Graduate Conference held at Cadillac April 19, 1927.

Councilor Dr. Otto L. Rickers' Opening Statement enclosed under separate cover. Also complete registration list.

The complete program was carried out on schedule time with the one exception of Dr. E. L. Eggleston's paper on "Disorders of the Colon." Dr. Eggleston's paper on "Test for Liver Function" in the forenoon was so interesting and brought out such general discussion that he was forced to continue same in the afternoon and gave the time of his "Colon" paper to further liver discussion, with the understanding that his hour for this would be taken up later, but the time would not permit, which was a severe disappointment to all, as they knew something of what he had in store for them. It was very evident that physicians are anxious to learn as much as possible about the various varieties of liver cases and the various tests for liver function, which must be carried out in laboratories equipped for same, and the hospitalization of patients to determine the numerous abnormalities of the liver, and as far as possible to separate the operative from the non-operative cases and treat them more intelligently.

W. L. Chandler, Ph. D., met all the things expected of him in giving a brief history of his six and one-half years of work in perfecting his Colloidal Iodine. He is so full of his subject that time will not permit one to even suggest the wonderful scientific achievement he has worked out for medical science. The possible uses of this wonderful preparation are too numerous to mention and the future possibilities of this one preparation will revolutionize the entire practice of medicine and surgery. Its uses in both the animal and human family will certainly be a Godsend to this and all future ages. The writer had the pleasure of having a side visit with Professor Chandler and Professor Giltner for an hour up in the Look-Out on his Fox Ranch in the morning. I only wish that all of those in attendance could have been there and met these gentlemen in their element, or field, namely, biology, bacteriology and parisitology.

Professor Ward Giltner in his two appearances made some very dear friends for his work. His discussion of "Animal Diseases Transmissible to Man" and his description of their department at the state college, and especially of the four year course in medical biology and what it means to the medical profession was well received. His explanation of the specific type of training, and the fact that they are not turning out M.D.s but aids to the medical profession, and that this is to be their life work, and hence are not to be compared to the usual M. D. student who has taken a short course in laboratory work and starts out to do this in some small hospital only until such time as his acquaintance made in said city will enable him to hang up his shingle and become a competitor of all those he has been working for. All present were happily surprised to learn that this branch of the state college was the best of its kind in the United States if not the world and that they had students enrolled from every state in the Union and from foreign countries.

Dr. Manley J. Capron of Battle Creek took the hour on the regular program as assigned to Dr. Eggleston and gave a paper on "Treatment of Primary Anemia." This was declared to be the best and most complete treatise on the subject ever listened to. His symptomatology and etiology together with the treatment with special reference to the diet brought out many questions and hence added to the interesting discussion. The writer thinks that more publicity should be given to the diet suggested by Dr. Capron.

Dr. H. S. Collisi with his two papers on "Prenatal Care and Treatment of the late Toxemias of Pregnancy" could not have chosen two more interesting and practical subjects. The doctor was full of his subjects and his subjects were full of the things that all wanted to know and as he dealt with the treatment side of his subject, he at once had the ear of every M. D. as they all feel that they get too little of this side of the profession in the majority of papers.

Noonday luncheon at Hotel McKinnon as guests of a union meeting of the Rotary and Exchange clubs for the specific purpose of meeting with the doctors. The Rotary club had a Euology given for one of their deceased members, i. e., Mr. Sanborn, city librarian for the past 22 years. This, of course, did not tend toward much joviality or frivolity, but Professor Chandler and Professor Giltner were well received in their talks, and of course had a very large audience.

Three o'clock luncheon at Mercy Hospital, where the meeting was held was enjoyed by all and from the things devoured during the short intermission I think that all went away feeling that the day had been well spent and that the entire program was a decided success.

Mercy Hospital was open for inspection and the Sisters of Mercy did themselves credit for the part they had in making things pleasant and having the doctors feel at home and comfortable during the entire session.

S. C. Moore, Secretary.

RE: DR. RICKER'S OPENING REMARKS

Members of the Ninth Councilor District of the State Medical Society, guests, and friends, I welcome you here today as councilor of the Ninth District and as representative of Michigan State Medical Society; and also as a member of the Staff of Mercy Hospital, and the Tri-County Medical Society, Michigan State Medical Society, of which most of you are members, doubly welcomes you to this Clinic, and they wish you to feel that it is your Clinic. They have put forth every effort possible to give you a program today that is in harmony with every effort to please. I am proud to speak to you today concerning a State Society. Its officers, Council as well as House of Delegates, are making every effort to make and keep a Society that is well up in the front ranks of every state in the Union. If you read The Journal, you will find every day of the week, month and year we are pushing forth with the one object, and that is to help the physicians. These Clinics are only a small part of what your state is doing for you. Might I not mention Post Graduate Programs at the Uni-

versity Hospital, your Legislative Programs, education of the public by means of lectures. etc.

I must say that your attendance here today is greatly appreciated by your Councilor and your State Society; for the success of these clinics depends upon the attendance. Any meeting of the Medical Society depends upon the ability to secure attendance. Any meeting of a Medical Society that is well attended is a successful meeting because everybody likes to be in a crowd. These men who come here like to have a crowd, because a larger audience carries a mental stimulus—not only to speak, but to come again. Along with attendance comes a good program, and I believe we are going to have that today. I hope we may have every person stay through this meeting today and when the day is over, I am sure we will be able to take back to our patients some one thing which will help us to make better physicians for the local community in which we practice, better members of the State and American Medical Societies, and I assure you if such is the case, the efforts of the speakers will not be in vain. I must remind you of the meeting of the Secretaries at Jackson on April 27th, of the State Meeting at Mackinaw Island, June 15, 16 and 17, and of the great American Medical Association at Washington, May 16-20.

Otto L. Ricker, Councilor 9th District.

KALAMAZOO COUNTY

The April meeting of the Kalamazoo Academy of Medicine was held as an all-day session at Fairmount Hospital on the 19th. In the forenoon a ward walk was conducted by Dr. G. L. Bellis, Medical Director of the Maundale Sanatorium, Wauwatosa, Wisconsin. At noon a delightful lunch was served by the hospital staff. In the afternoon a chest clinic was given by Dr. Bellis and a ward walk through the contagious department conducted by Dr. J. D. Gordon from the Herman Kiefer Hospital of Detroit. The complimentary banquet served by the hospital in the evening was followed by the regular business meeting.

The minutes of the last meeting were approved as printed in the bulletin.

Motion was made that F. W. Hyle and Wilbur B. Payne be elected to associate membership in society. Seconded and carried.

The matter of increasing the amount of insurance carried on the academy room equipment was referred to the board of directors for action.

Dr. Boys spoke about the plans of the cancer committee to give diagnostic clinics in the local hospitals for a two-day period in place of the talks which have usually been given during cancer week. The plan is under way here under the direction of the clinical program and program committees.

Dr. Andrews desired the names of men who would be willing to devote time to these clinics.

The president expressed a desire to have the public health committee co-operate with the program and clinical program committee, Dr. Andrews to act as chairman of the combined committees.

Dr. Jackson spoke about the new osteopathic bill introduced in the last legislature, which is an effort to create a fifth school of medicine based on "The Structural Integrity of the Body Mechanism."

Dr. Thompson, in behalf of the hospital board and staff, welcomed the members of the society and expressed their pleasure in having the society spend the day at the hospital.

Dr. Stewart in behalf of the society expressed appreciation for the entertainment and work presented during the day.

Dr. Shepard seconded Dr. Stewart's remarks and made a motion, which was supported and carried, that the society extend a rising vote of thanks to Dr. Thompson, the hospital board and staff for the entertainment of the day.

There being no further business the scientific program was carried on as printed in the bulletin.

GRAND TRAVERSE-LEELANAU COUNTY

This Society met in regular session Tuesday evening, May 3rd, at the General Hospital. The Wexford County Society were our guests, and furnished the scientific program. At 6 o'clock we were entertained at dinner given by Dr. and Mrs. George Inch in their appartments at the State Hospital. It was a delightfully social affair. After dinner we went to the General Hospital where the following program was given:

"Ectopic Pregnancy"—Dr. W. Joe Smith, Cadillac.

"Goitre, Its Classification, Diagnosis, etc."—Dr. G. D. Miller, Cadillac.

"Sinusitis"—Lantern slides and X-ray demonstrations—Dr. Otto L. Ricker, Cadillac.

All of these papers were freely discussed by the members and altogether it was a very profitable evening, socially and professionally.

Last month the Cadillac bunch were hosts to the men from Traverse City, and they did the trick in true Cadillac fashion. These inter-society meetings are becoming quite popular in our section, and they are very satisfactory, affording us the opportunity of a better acquaintance and understanding of our neighbor physicians.

G. A. Holliday, Secretary.

GENESEE COUNTY

The following is the Scientific program of the Genesee County Medical Society from December 15, 1926 to April 20, 1927, inclusive:

December 15th, 1926, Dr. Hugh Cabot, University of Michigan, spoke on "Disease of the Gall Bladder, With Particular Reference to the Use of the Dye."

January 12th, 1927, Dr. H. Cummings, Ann Arbor, Michigan, spoke on "Caesearian Section."

January 26th, 1927, Dr. Robb, Detroit, Michigan, spoke on "Headache, of Oculo-Nasal Origin."

February 9th, 1927, Dr. Mortmer, Herman Kiefer Hospital, Detroit, Michigan, spoke on "Meningitis."

February 23rd, 1927, Dr. Baker, University of Michigan, spoke on "The Heart in Goitre."

March 9th, 1927, Mr. Visick, F. R. C. S., London, England, spoke on "Peptic Ulcer.

March 23rd, 1927, Dr. Shawan, Detroit, Michigan, spoke on "The Clinical Aspects of Thyroid Surgery."

April 6th, 1927, Dr. Chandler, University of Michigan, spoke on "Colloidal Iodine."

April 20th, 1927, Dr. R. McKean, Detroit College of Medicine, spoke on "Pneumonia."

Cancer week was observed in Genesee County from May 11 to 14, inc., and the clinics were held at the Flint Board of Health dispensary. These clinics were conducted by volunteer members of the Genesee County Medical Society and were held daily from 10 a. m. to 12 m. They were arranged by Doctor Max Burnell, chairman of

the Genesee County Cancer Prevention Committee and publicity was given to insert same through the columns of the Flint Daily Journal. About two hundred patients were examined and many cases of various types of malignancy were discovered and treatment in those cases where a probable cure could be effected. All cases were placed under the observation of the patients family physician. Genesee County Medical Society feels that the Cancer Prevention week was a success.

The delegates to the State Society are Doctors C. F. Moll and H. E. Randall. Alternate delegates being Doctors J. G. R. Manwaring and J. Benson.

Spring meeting of the Michigan Trudeau Society, held jointly with Genesee County Medical Society at Hurley Hospital, Flint, Michigan, May 11, 1927. The program was as follows:

PROGRAM

2:00 p. m.—Nurses' Home, Hurley Hospital

Bronchiectasis in Children (Clinic),
Dr. E. B. Pierce, Flint.

Tuberculosis of Bone and Joint (Clinic),
Dr. C. E. Badgeley, Ann Arbor.
Dr. George Curry, Flint.

Exudative and Productive Tuberculosis
Pathological Demonstration,
Dr. Max Pinner, Northville.

Symposium on X-ray of the Chest,
Dr. J. B. Amberson, Detroit.

NOTE—Members are asked to bring any interesting chest films they would like to have discussed. We cannot promise that all will be discussed, but bring them along for the symposium.

6:00 p. m.—Nurses' Home, Hurley Hospital

Dinner (One dollar per plate)

Results of Light Treatment in Surgical Tuberculosis,
Dr. Clarence Hyde, East Akron, Ohio.

Some Mistakes in the Diagnosis of Pulmonary Tuberculosis,
Dr. M. Lewison, Chicago.

THE MICHIGAN TRUDEAU SOCIETY

Organized in 1916 with the object of promoting, among medical men, an interest in the study of tuberculosis. Two meetings a year are held—one in the spring and one in the fall—at which scientific programs are given, and where members may meet those from other communities in friendly discussion of their work. The secretary will gladly discuss membership with any interested physicians not now members.

Geo. J. Curry, Secretary.

KENT COUNTY

The Kent County Medical Society held its regular meeting on April 4, 1927, in the Italian room of the Pantlind Hotel, where a dinner attended by 62 members was held preceding the evening meeting, which was addressed by Dr. Fred H. Albee, Professor of Orthopedic Surgery in the New York Postgraduate Medical School. His subject was "Ununited Fractures," and his address was accompanied by several reels of moving pictures descriptive of his operations, and demonstrations of recoveries accomplished by these operative measures.

The next regular meeting was held on April 28, 1927, also in the Pantlind Hotel. This meeting was a joint meeting with the Holmes Dental Club of Grand Rapids, and was addressed by Dr. E. C. Rosenow of the Mayo Clinic upon the subject: "Further Studies on Focal Infection and Elective Localization."

The meeting was preceded by a dinner in the Colonial room of the Pantlind Hotel, which was attended by 102 members of both societies. There were over 200 members present for Dr. Rosenow's address. In addition to the local discussants of this paper, it was also discussed by Dr. W. G. Rickert, Professor of Physiological Chemistry and Hygiene in the Dental Department of the University of Michigan. It is proposed to make this joint meeting an annual affair, and it is hoped by this means to promote better co-operation between the dentists and physicians of Kent County.

On May 11, the Postgraduate Conference of the Michigan State Medical Society for the Fifth Councillor District, comprising the counties of Ionia, Montcalm, Barry, Ottawa and Kent, was held in the solarium of Butterworth Hospital for the afternoon session, and later in the Italian room of the Pantlind Hotel for the evening session. There were 72 members of these constituent societies present at the afternoon session, 45 of whom remained for the dinner in the Pantlind Hotel, and the addresses of the evening. Numerous members expressed their appreciation of the value of this conference, where the following program was rendered:

"Caesarean Section and Other Operative Procedures"—Alexander M. Campbell, M. D.

"Interpretation of High Blood Pressure and Its Treatment"—Burton R. Corbus, M. D.

"The Phophylaxses of Infancy"—Frederick J. Larned, M. D.

"Local and Regional Anesthesia for the General Practitioner"—William H. Veenboer, M. D.

"Scarlet Fever Immunization"—Guy L. Keifer, M. D.

"The Medical and Surgical Aspects of Biliary Tract Disease"—James D. Bruce, M. D.

"Neurology of Peripheral Nerve Lesions"—Lewis J. Pollack, M. D.

"Animal Diseases Transmissible to Man"—Professor Ward Giltner.

The week of May 8 to May 13 was set aside by the Kent County Medical Society as Cancer Week. In collaboration with the Councillor of the Fifth District a "Diagnostic Survey of Possible Cancer Cases" was carried out in the three hospitals of Grand Rapids, namely, Butterworth, Blodgett and St. Mary's. It was arranged to have teams of four men present in the out-patient departments of these hospitals, where patients who presented themselves were examined without cost to them, for possible cancer. Over 450 persons applied at these hospitals for examination during the week.

The Grand Rapids Herald and the Grand Rapids Press co-operated in publishing material concerning cancer, and articles descriptive of the purpose and motive of this Cancer Week program. On the evening of May 11, an address to the public on the subject of "The Menace of Cancer" was delivered by Dr. James D. Bruce, Professor of Internal Medicine at the University of Michigan, in Press Hall.

The Kent County Medical Society feels that this movement was highly successful, that it promoted an interest in the early diagnosis of cancer among the laymen, and helped to promote a feeling of altruistic concern for the medical welfare of the public. It is proposed that this program should be carried out each succeeding year, under these auspices.

H. T. Clay, Secretary.

County Society Secretaries' Annual Conference, Michigan State Medical Society

April 27, 1927, Hotel Hayes, Jackson, Michigan

WEDNESDAY MORNING SESSION
April 27, 1927

The Annual Conference of the County Secretaries of the Michigan State Medical Society was called to order in the Ballroom of the Hotel Hayes at Jackson, Michigan, at eleven o'clock, April 27, 1927, J. B. Jackson, President, presiding.

President Jackson: If the members will come to order we will get the meeting started.

The first number on the program this morning is opening remarks from the Chairman of the Council, Dr. Stone.

Dr. R. C. Stone: Mr. President and Gentlemen: You will notice that our president is feeling very humorous and good natured this morning. He didn't have much time to think about what he wanted to say and neither have I. He thought he would pass the buck to me.

I don't know what I can say to you men that you do not already know about the functioning of the Michigan State Medical Society in co-operation with our County Society work. Your parent body is always anxious to render every assistance which it is possible to render to your County Societies. Its officers and its Council are always considering ways and means of furthering departments in medicine with a hope of improving the general standards of medicine throughout Michigan.

To review briefly over the last year or two some of the activities which have been undertaken and consider them, you will then agree with me, I believe, when I say that much progress has been made. We believe that very much good has come from our post-graduate conferences throughout Michigan.

We felt—by "we" I mean the Council and your Michigan State Medical Society—in recommending the minimum program for County Society work throughout Michigan (which is now in operation in most of the County Societies) we were taking a step forward in the right direction. If there is anything that I would like to emphasize to you this morning in particular in conjunction with that minimum program it is that you should, to the fullest extent possible, work to meet that program and go even farther if you can.

One of the most important features, as we see it, is for progressive medicine and education of the public as well. On that program is the feature of periodic examination of the apparently healthy. As to how much progress has been made in the various County Societies in that line I am not able to say. I know that in some localities they have adopted it and they are working out a definite program and are going about it very liberally. I think we should all take it upon ourselves as individuals and as part of our County and State Societies to put that program over generally throughout Michigan.

We have in mind other features which we hope to develop from time to time. We hope you will render the same hearty spirit of co-operation that you have always exhibited. As I said a moment ago if there is any time you want help from the Council or any part of your State Medical Society and want assistance for furthering your individual County Society problems we will always be most glad to help you. (Applause).

President Jackson: I would like to second what Dr. Stone has said as far as the State Society organization is concerned. I have a feeling that sometimes we think that the State Society is one thing and the County Society is another thing. We should be a unit organization and the State Society and County Society ought to work in close co-operation.

It has been my hope that general policies for the State Society work might originate to a great extent in County Societies. You men who are secretaries know and appreciate the difficulties that the County Society works under. It is usually a mad scramble to get a program and considerable effort to get the men out to hear it. There isn't much time when County Societies are in session to consider general plans and policies of organized medicine.

It seems to me aside from the work of

your County Society, which is your prime responsibility as secretaries, that you ought to consider matters of general policy for organized medicine in the state of Michigan. You know that there are various problems which come up from time to time. You are besieged, as secretaries, by the State Society organization to send telegrams and to get in communication with your representative. You get a good deal of this detail work.

I didn't plan to make a speech here this morning, but there are certain things which I think might be all right to discuss at this time. I don't know just what the secretary plans to say but I don't want to steal all his thunder.

Just yesterday evening I was talking with some of the men who are interested in State Society work as to what our policy towards this legislation program should be. I have a feeling that it is time for organized medicine in the state of Michigan to take some definite stand toward our Medical Practice Act. I would like to know how secretaries and presidents of the County Societies feel about it. What should we do?

Personally, I do not approve of going down and asking every session of the Legislature to please not do this or please not do that. I have almost gotten to the point where I think if the state of Michigan wants a chiropractic law, or wants to make osteopaths full-fledged physicians, I am perfectly willing they should do it. As one interested in the practice of medicine I have about reached the point where I want to let the dear public have what they want.

I know that might perhaps be considered rank heresy and that the rank and file of the doctors of the state probably wouldn't agree with me, but it seems to me that the efforts we have been making since I have been interested in the State Society organization have been rather unsatisfactory. I wonder if the time hasn't arrived when organized medicine in the state of Michigan should make some effort to bring about some change in our Medical Practice Act and means for its enforcement.

You know, and we all know, that there are various irregular practitioners practicing throughout the state of Michigan who are practicing outside the law. Sporadic efforts are made to put a stop to it. Somebody makes a complaint and if he has enough influence with the prosecuting attorney he may succeed in getting a case to court and the offender is fined. But, we don't get far, if anywhere, with that.

About two or three weeks ago some of us went down to Lansing to appear before the Committee on State Affairs concerning a bill which the osteopaths brought into the Legislature asking that they be made full-fledged physicians. Our present Medical Practice Act recognizes four schools of medicine: Regular, homeopathic, eclectic and physiomedic. As a matter of fact in our organized medicine we don't recognize any such schools, we are all one school and we are all regulars. We all try to pick out what is best in medical practice.

The osteopaths brought in a bill to have a fifth school of medicine recognized in addition to the four already in the Act. That school is the school of osteopathy. I have been very much interested in the evolution of the osteopath. Fifteen or twenty years ago, or whenever it was that osteopathy was conceived and born, the osteopaths didn't know very much. They had very poor training and were about on the same level with the chiropractors who are practicing today. Their training was very imperfect. But, things have changed. A man who graduates from an osteopathic school today has to have a high school education and four years of college work. He studies the sciences. He knows about anatomy, physiology, pathology and bacteriology. These young men graduating from osteopathic schools, having spent four years of their time in training are not willing to confine themselves to adjusting people's backs.

I was quite interested in this bill which they introduced giving them a right to practice medicine and surgery on an equal footing with other doctors of medicine. I was quite interested as to how they define their system of practice. They didn't say anything about the backbone or the spine or any adjustments. They said their school of medicine was based on the structural integrity of the body mechanism, whatever that means. They didn't limit themselves to adjusting the back.

These men want to practice medicine like you and I. They want to be recognized as a fifth school of medicine. It is quite inconceivable that a man who wants to spend four years in the study of the sciences wants to confine himself to the old definition of osteopathy. Like Will Rogers said about the Methodists "When they get to a certain point they are no longer Methodist." I haven't any bone to pick with the Methodists, I am just illustrating this point that when the osteo-

paths are educated to a certain point they are no longer osteopaths. They have come before the State Board recognizing that they are no longer osteopaths and they demand that tney be admitted to the practice of medicine.

Dr. Woodward of the American Medical Association who is the secretary of the Bureau of Legal Medicine and Legislation has written a paper which a few county secretaries and presidents aren't familiar with and it would be a good idea to give you the plan of what he calls the "Basic Science Law" or, I think the title is "Ineffectiveness of the Present Medical Practice Act and the Basic Science Law as a Solution of It."

His plan is to have each man who wants to practice the healing art have an examination in the basic sciences including pathology and diagnosis, the recognition of diseases, physiology, bacteriology, anatomy—the basic sciences and the matter of diagnosis. His plan is that anyone who wants to practice the healing art, whether he wants to be a chiropractic, osteopathic, or any of the other "ics," or a graduate of medicine must pass an examination of the basic sciences, and the model which he provides in the paper provides that the examination in the basic sciences should be given by a commission of three or five who are not men in active practice of the healing art but men who are authorities in these basic sciences.

It seems to me that some such law has very much to commend it. It seems to me that there must be some fundamental legislation in the state of Michigan to take care of these demands from various men who want to practice the healing art so that we can all be more or less on an equal foundation or basis. This law provides further—and it seems to me that that is one of the features which especially commends the law—for enforcement of this basic science law and it provides that the enforcement of the basic science law should be vested, not in the prosecuting attorneys, but in the attorney general of the state. There are to be one or two, or as many men as necessary, associated with the state attorney general's office whose business it should be to see that this law is enforced and no man can practice the healing art without having a knoweldge of the fundamental sciences. If they do practice without that knowledge tney are to be prosecuted.

You know the difficulties in getting prosecuting attorneys to enforce Medical Practice Acts. The trouble is that these so-called "professional' 'men who are practicing outside the law have a certain standing in their community. They have friends who are influential sometimes and it isn't pleasant for the prosecuting attorney, who has to live with the men and their friends and perhaps depends on their votes for his re-election, to undertake the prosecution of these cases. If enforcement of this Medical Practice Act could be taken out of the hands of prosecuting attorneys or any individual in the community who interests himself in the enforcement of it, it seems to me that our Medical Practice Act might be of more value and more efficiently administered.

I wrote to Dr. Woodward asking his advice as to what the state of Michigan should do in regard to the Medical Practice Act and I had a very interesting letter which he wrote back. He said that it was not his intention in proposing this basic science law to have this introduced in the licenses of practitioners of the healing art. He called attention to the fact that in the state of Michigan we weren't exactly in the class where there was one board which administered the Medical Practice Act but that we had only two, in which respect we were much better off than many of the states where there were several such boards.

His suggestion was this: You know that the present board of registration in medicine does license chiropractics and drugless healers on the passage of certain examinations. His suggestion for the state of Michigan—and I would like to pass this along for your consideration and discussion—was that inasmuch as the osteopaths had already admitted that they wanted to practice medicine, by the legislation which they introduced into our Legislature; and inasmuch as they were no longer satisfied with the practice of osteopathy, that we do away with the osteopathic examining board in the state of Michigan, and if it seems wise, let them have a representation on our board of registration in Michigan and then require men who want to practice medicine, even if they are graduates of osteopathic schools, take exactly the same examination that other men, who are graduates of these other schools of medicine, take.

That is, inasmuch as the osteopaths have admitted and recognized to themselves, the fact that they are ready to practice medicine if they are going to practice medicine they put themselves under the same restrictions as men who want to practice

medicine who are graduates of medical schools.

It seemed to me that that suggestion was worthwhile. Of course, the basic science law which Dr. Woodward has suggested provides that after these men have passed this basic science board that then they be registered and licensed by each individual board, a board of chiropractic, a board of osteopathy and a board of medicine. It is his idea that we have little advantage of the osteopaths on account of their having come forward and declared that they wanted to practice medicine. He says we should allow them to determine their own qualifications as they do through the individual board but that they should join with us and pass the same examinations that we do.

Whether we should have a basic science law in Michigan, or whether we should have a single board as we now have with the exception of amalgamating with the osteopaths and have the whole thing administered by a single board, is a question I should like to submit to you men this morning for your consideration, and if you please, for your discussion.

There are other matters of general policy in organized medicine which I should like to discuss with you but perhaps there will be time later for that. I present to you the suggestion that it is time that organized medicine took some definite stand in the matter of our Medical Practice Act, and that we try, not at this session of the Legislature, but perhaps at the next, at any rate that we get ready, consider and make up our minds as to what is the best thing to do and then set the machinery in motion to bring it about. As it is now, every two years we say it isn't time to do it this time. We put it off into the future. It seems to me that it is time that organized medicine in the state of Michigan took serious thought and conference as to what is the best thing to do about our Medical Practice Act.

I would like to hear from you on this subject, Dr. Warnshuis.

Secretary Warnshuis: Mr. President and Officers of the County Societies: I thought that I would prefer to have the officers discuss the subject first and present their viewpoints. Then if I was permitted to do so I would like to summarize, or probably correlate some of the remarks that have been expressed with the experiences we have encountered, as well as experiences that have been encountered in other states.

Therefore, I would like very much if some of the members would take up the discussion and allow me, if you would, to close for you.

President Jackson: The matter then is open for discussion. I would like to hear from some of the men.

Dr. Morris: I was at the Elkhart County Medical meeting—their annual meeting—just a short time ago. Their representative, Hoffman, brought up the Hoffman Bill and he was there. He gave a very wonderful resume and talk on the Medical Practice Act of Indiana. He brought out the features of the Hoffman Bill, which were really condensed and would be a fine example for Michigan to follow. Representative Hoffman would be glad to come to Michigan and give his talk, I know, because I have talked with him personally on that.

President Jackson: What was their solution in Indiana, Dr. Morris?

Dr. Morris: Their solution in Indiana was that they had a law that goes into effect this next month which gives them authority to bring men not practicing under the Medical Practice Act into court and start proceedings. It provides for an injunction as a starting point. He also brought out the fact that in Indiana there were 280 cults. I think we have as many here in Michigan.

Dr. Shackelton (Kalamazoo): If the amendment is made here, what effect would that have on enforcement of the present law? Would there be any provision made for that? It seems to me we wouldn't be any further ahead by putting through an amendment and bringing the osteopaths under the present Medical Practice Act than we are at the present time. It will be only a few more years and the chiropractors will want special legislation to take care of their problems.

It seems to me that the basic science law has a very decided advantage in that the preliminary requirements of the practice of medicine will be properly taken care of and it will do away with this problem of other cults being added from time to time. It seems to me that we are not going to gain anything taking the osteopaths in as they desire to come in unless there are provisions made, as would be made under the basic science law, to see that irregular practitioners are properly prosecuted. That is not being done at the present time, at least not effectively.

I know that in Kalamazoo a few years ago there were a number of chiropractors who were arrested. They were under indictment but they were released. That is one of the problems that will have to be taken care of.

Dr. Marsh (Jackson): Another question that comes to me is this: If the osteopaths are licensed and practice medicine, will that also admit them to our medical society, our hospitals, on the same standing with the rest of us? There is one thing in that that if you get the osteopaths with us we can put through a basic science law with their help rather than have their opposition.

President Jackson: I should like to say for the officers of the State Medical Society, I don't think we are quite ready to admit osteopaths to the State Medical Societies.

Dr. Knapp (Battle Creek): It seems to me that this biennial effort to keep back legislation

has gotten us all stirred up to the point where there is the strongest desire on the part of medical men to see something basic done in the way of a law. If this basic science law proposition which is brought out here shows signs of filling the bill the psychological moment seems to me, in this state, to be within the next two years.

I do not like to ask what feature there is in this law to admit these different cults on the same examination basis but what is there in it regarding admitting to practice those already in practice? Is it retroactive? Would it take in the whole gamut of the cult practitioners who have slid in the back door and have gotten going? Or, would it merely apply to the new recruits that are just coming through the modern school?

President Jackson: I think it would be very difficult to enact a law which would be retroactive. I think that those who are practicing the healing art at the present time, whether they be chiropractors or osteopaths or doctors of medicine—it would be very difficult to pass a law which would put them out of the practice which they are already in.

I think the plan of this basic science law—by the way there is such a basic science law which was first introduced in Wisconsin. I think they were the first to have a basic scienlaw. Connecticut adopted such a law soon after that and then I think there is one other.

It seems to me Nebraska has a similar law. The plan is not to make it retroactive. Of course, chiropractics who are practicing outside the law at the present time —and there are about one-half or two-thirds outside the law at the present time —would come under this basic science law. But those who are duly qualified by the laws of the state at the present time probably would not be reached by this law. That is a matter which is to be decided. These are matters for discussion and I would like to know how you men feel about it.

Dr. Stone: Dr. Jackson and several other members of the Council and myself have had numerous discussions of this subject. As some of you may know I served for two years on the state board of registration and I am well aware, just as the rest of you are, that that board is not functioning to its fullest extent and cannot under the present Act.

Two weeks ago when we were in Lansing at this hearing, several representatives and senators in the houses at the present time, talked this matter over with me, not so much this particular bill which is being discussed but the proposition in general. The consensus of opinion among those men seems to be that they are just about as tired of having numerous bills before each session of the Legislature from chiropractors, osteopaths and doctors which keep them busy with discussions and hearings and arguments, as the doctors themselves are.

Two or three of them have said to me what amounts to practically that the time has come when the medical men of Michigan should come forward with something constructive which will eliminate all of this discussion at this time and all of this argument.

I am heartily in favor of Dr. Jackson's comment. I believe that the time has come when the Michigan State Medical Association should make the step and spend this next year or year and a half in getting ready to present, at the next session of the Legislature, something in the shape of a bill which will take care of the situation as it exists and conditions which will probably come up for a long time to come. I would like to hear, with Dr. Jackson, a much more free discussion of it.

Dr. Langford: I was wondering what per cent of osteopaths are appearing in defense of their proposed bills, that is, what per cent of them are a product of the new regime in their education? Are they of sufficient numbers to be counted with to help put the new proposition over? None of us are in favor of opening the doors and letting the osteopaths in as we know them in our communities today. I think that by and large the osteopaths who are aiming to get recognition are those who are not themselves well prepared and we couldn't get the co-operation of a very large number of them. Could you tell about how many have come through with the newer education?

President Jackson: The men who are being graduated at the present time represent the new school of osteopathy. The osteopaths present at this meeting were half of the old school and half of the new school. The older men who are practicing osteopathy as we understand it are not in favor of this present bill that is before the Legislature. They say they don't want it. "We aren't doctors and we don't intend to be. We haven't been educated in these things and we don't want to practice medicine." That is what the older ones say. It is the newer graduates, the men who are graduated from the schools today who are causing the agitation. They are doing this in many other states. They want to be recognized as regular practitioners. They want to take out tonsils and other things and do things that we do. Therefore, I should say that the profession in the state of Michigan is about half for and half against. The two representatives from Kalamazoo opposed the bill because they weren't educated to be doctors of medicine and surgery but were educated to

adjust the back and that is what they wanted to do. The newer men are not in that class. So I should say that the profession of osteopathy was fairly evenly divided. I think that is what killed the bill; because the older men didn't want the bill the Legislature felt if they didn't know what they wanted themselves and if they weren't agreed they couldn't put over the legislation. I think if they had presented a united front the situation might have been very much more difficult to handle.

Dr. Langford: I haven't seen the curriculum of these new schools of osteopathy. To what extent do they give training in surgery, such as the removal of tonsils to which you referred?

Secretary Warnshuis: Mr. President and Members: I just want to speak on the question of the osteopaths. Those of you who attended the hearing recall very vividly that their spokesman kept reiterating that "We as osteopaths have arrived. We are full-fledged, educated persons able to take care of the sick." Preparatory to that meeting, and I thought through the course of the hearing, that we might inject some very personal questions that might be embarrassing to them. After hearing what took place as the hearing progressed we saw that the camp was divided and we concluded it was wise policy not to say very much. Yet the thing that stuck in my mind were the allegations that this man was making regarding the fact that "they had arrived." I made some effort of securing some information regarding their education.

I wrote to Dr. Caldwell, the secretary of the Council on Medical Education and Hospitals of the American Medical Association, and cited the instance together with some of the statements the gentleman had made. I asked him to make a comparison between the requirements of the Council on Medical Education for Class A. Medical Schools and their course and curriculum and the curriculum of the osteopathic schools that now exist in this country. Last week I got a very voluminous, interesting, comparative statement which will appear in this coming issue of the Journal, comparing the methods they employ in their schools, equipment of their schools, the faculty, laboratories, clinics and things of that kind. The comparison that Dr. Caldwell has drawn up refutes damnably every statement that they made that "they have arrived" or "that they are our equal." They are still far, far behind us in the methods of anatomical instruction, the organization of their faculties, their laboratories, their clinical material and they have a long way to go before they can even be rated as a Class C school. That comparison, which will appear in the next Journal, is going to be very interesting. I don't believe that we are anywhere near the point where we are going to recognize osteopaths as partly or almost equal to graduates of our Class A. Medical schools of the country today.

This question of legislation and legislative battles is one that we have experienced in Michigan every two years. It has been experienced by every organized society in every state in the union. As a result of these experiences we have all been marking time and watching how the sentiment drifted. We have gotten tired of fighting and combating the attempt that these various cults have made, seeking the right to almost equal us in the extent and scope of their practice. As Dr. Jackson has said the time is now here when we should undertake some organized effort that is going to circumvent this every two year struggle in our Legislature.

Four years ago Wisconsin attempted to remedy the condition that existed in Wisconsin. They first introduced the basic science law which was defeated at that session of the Legislature. Then the State Society got very busy and started an educational campaign in every county and with the assistance of the County Societies in the following session of the Legislature, two years ago, they passed the basic science law in Wisconsin.

Connecticut followed the same year. Then New York state, seeking to solve the problem, had a commission appointed and drew up a bill that met with the approval of the State Medical Society members, approval of the health workers of the state and the approval of the governor and some of the executive and the board of regents of the state of New York. They drew up a bill that is fairly good and seems to solve the situation as far as New York is concerned and has the feature in it of annual registration of all doctors.

Then comes Indiana which has just gone through a rather terrific battle at their legislative session with the Hoffman Bill. I don't know of any state organization that has presented such an intensive, well-directed campaign against pernicious medical legislation as did the state of Indiana during the last two months. In their last Journal there is considerable discussion and extended report of their bill and the Hoffman Act which seems to solve the situation for Indiana.

Missouri got into a mix-up, as you know, two or three years ago with their selling of licenses and their so-called "outlaw medical colleges." Demand came from the legislators of Missouri that the profession of medicine in Missouri should present to them some solution of the situation in the form of a law. They now have a bill that has been passed and is waiting for the signature of the governor, which they anticipated to be attached to make it a law. That seems to solve the situation somewhat in Missouri.

Ohio is battling along the same line.

Throughout the whole country this problem of medical legislation and solution of recognition of cults or their non-recognition, has received a lot of attention. Just at the present time there is no standard plan that has been set forth that we can take as an actual guide. Each one of these states have seemingly solved the problem in their own state but none of them are the same. They have gone at it in a little different way and as the result of that experience the Legislative Bureau of the American Medical Association has developed, or has evolved this new bill that Dr. Jackson has mentioned, which they are sending out for consideration by state societies as a model bill to cover the situation.

It is time for us here in Michigan—and we must during this next year and a half, before the next Legislature, come forward with some bill that is going to be supported by the profession and that is going to be supported by all those who are interested in the welfare of the public as far as their health is concerned and the treatment of the sick.

I think, Mr. President, that at the Mackinac Island meeting some member of this County Secretaries Conference should cause the introduction of a resolution in the House of Delegates that will convey authority for the appointment of a commission, a group of our members, who shall take this under consideration and who shall gather the necessary data and who shall then, with proper legal advice, draw up the bill that is going to end this problem in Michigan. But I don't think that we are going to recognize the osteopaths or the chiropractors or any of these other 287 cults that do exist and take them in as full-fledged doctors or members of our County Societies, or as members of our hospital staffs or anything of that kind. They have a long, long way to travel.

The feeling seems to be that if we have this basic science law that causes each man who wants to practice medicine or treat the sick to become proficient in certain basic fundamentals of science. When he has mastered those fundamentals he is not going to go from that course into an osteopathic school or chiropractic school or any other cult school. He is going to go into the regular medical college, Class A. That seems to be the big feature of this basic science law. The mere fact that he has passed the basic science board doesn't give him the right to practice. He must still take his examination in medicine in osteopathy or chiropractic or any other school he wishes to follow in his practice or his daily work. It doesn't give him the right to practice. It is the preliminary requirement to his examination and tnen he has to pass these other boards or these other examinations. It is the sentiment that one board should then exist tnat will conduct these examinations and that board will have nothing to do but make the examinations. The enforcement of the Act will be a matter for the attorney general and the county prosecutors. That seems to be the situation, and that seems to be the problem that confronts us in Michigan today.

During the next year and a half a very intensive study must be made of these bills that are being introduced into other Legislatures. We must correlate their experiences and formulate from that a plan that is going to be applicable for Michigan and put it across. As Dr. Stone has said those men who have had years of experience there and who have been in the senate or the house for a number of years are becoming just as weary of this continual bickering between these cults and their desire for recognition and the rights of the medical profession as we have.

Dr. Powers (Saginaw): From the discussion I have heard I think there is one point that is slipping by us a little. While I wasn't in practice when the board of registration was formed, I believe that they had the same problems in regard to doctors that we have in regard to osteopaths now—that they couldn't make it retroactive. I know very well that it took from five to ten years before the real value of the registration board was shown.

I know there was a little medical school in the city I come from at that time that eventually went out of existence purely through the act of the state board of registrations. I believe any law we enact now should be enacted with the idea that its full value will not be felt here in the state of Michigan in less than ten years, that there will be a lot of things that cannot be made retroactive and that the present practitioners will have to be accepted as they are accepted at present. I don't see any possible way of making it retroactive. Also the law which we enact now will be of value in ten or fifteen years from now and the genera-

tion of doctors that come in then will thank us for putting that law into effect.

We can't expect any sudden or great change in the existing circumstances of the practitioners as they are practicing now, but ten or fifteen years from now—it may take longer—or even twenty years from now, it is going to raise the standard of the healing art in the state of Michigan if we put such a thing across.

I would hate to have—as some of the discussion seems to point out—the idea advanced that there will be an immediate change in conditions. I don't believe there will be any immediate change. I think we should look forward into the future some ten or fifteen years.

Dr. C. F. DeVries (Lansing): I just want to answer a question that was asked here before or mentioned about osteopaths in hospitals. In Lansing we know that there are osteopaths who are ministering with drugs and a short time ago I observed one giving an anesthetic in one of our leading hospitals for one of our leading surgeons.

President Jackson: I shouldn't like to be misunderstood in what I said about the osteopaths. I was more or less speaking in a humorous vein wnen I said we weren't ready to admit them into the State Medical Society. On the other hand we have to look this question in the face. It looks one way to us as doctors and another way to the public at large and the Legislature.

Here are these men who have had four years of teaching, instruction, in matters pertaining to the healing art. We aren't ready to admit them to our state Medical Society or the nospitals. We don't believe, as Dr. Warnshuis said, that they are equally trained with us. But these men go before the public and the Legislature and say "We have spent four years learning the healing art" and they have some influence. They didn't get very far this time but they are going to.

It seems to me we have to look this question squarely in the face. The passage of this basic science law isn't going to solve the problem, as far as the osteopath is concerned. We still have another problem. I think the osteopaths are trained to pass a basic science law at the present time. The recent graduates have had enough instruction so that most of them can probably pass this basic science law.

For the benefit of those who were not present at the hearing, I will say that Dr. Kiefer presented, it seemed to me, very fairly our side of the question, our attitude in the matter. He said to this committee: "In order for a man to be a doctor of medicine he has to have a hign school education, he has to have two years of pre-medical work in a recognized college or university, he has to have four years in a medical school, he has to have a year of internship in the state of Michigan, and then he has to pass the examination before the state board. What the osteopath asks is tnat a man who has a nigh school education and four years of training in a Class C medical school should be admitted to the practice of medicine without an examination. That is a very unfair situation because these men are asking that they be recognized on a par with the other four schools of medicine, which of course no longer exist to any great extent. That is our side of it. That is a fair presentation. It isn't a fair bill to have introduced."

You can be very sure, however, that men who spend four years in a school learning the healing art are not going to sit still and say that they will just adjust backs. They won't do it. They are going to keep pushing in the Legislature. That is a matter that we have to face. I would like to hear from some of the other County secretaries.

Dr. Ellis: I want to know if there is any machinery in the new proposed basic science law providing for prosecution afterwards. It seems to me it might slip back to where it is today if the osteopaths and the chiropractors are not licensed under their own board. It seems if the thing went through and they wanted it the thing could slip back to where we are now. That is, if there is no enforcement. You made the suggestion that it might be the state attorney general's business to round them up. He might get some place. But, when the local societies start to prosecute they begin to cry out that we are jealous that they are making more money than we are and they get all excited. If there were some way of keeping this going it would be a good thing.

President Jackson: The model bill presented by Dr. Woodward provides a machinery of enforcement through the attorney general's office. This is part of the model of the basic science law.

Dr. Cook (Flint): It seems to me that we have discussed two sides of this question. We have discussed the osteopath's side and the doctor's side. There is also going to be another side and that is going to be the deciding side. It seems to me that in Wisconsin it was two years after they attempted to introduce the bill before it was actually adopted. I have a feeling that the reason for that was that the people themselves had not given sufficient investigation to the matter. It might be wise to have the people putting in some investigation because they are the ones who are most interested.

It might be well for the state of Michigan to set up some machinery and study this problem itself and have the report in whatever form it comes before the Legislature be the people's act. I believe it would have a little more chance before the Legislature. You are expressing a desire to solve this problem. I think they are looking for Moses to lead them out of the wilderness the same as we are looking for it. I believe there is a way of doing it so we will receive the fair consideration which the subject needs. Whatever this commission would be we would have an op-

portunity to present the facts so that they would be reported back in a fair way. They would know what the people of Michigan want of the men who practice the healing art, what they should do and know. They will be able to report on the different cults and the regular practitioners. I think such a thing would have more bearing than our statement.

I make that as a suggestion, that possibly some machinery might be set up through the state Legislature to study this problem in order that it might be presented in a fair way.

Dr. Corbus: You will remember that in the old directories you would see a name of a man and it said "Licensed under the years of practice law" under which the doctor who had no education at all was permitted to practice in this state. That isn't so very long ago. There are still men practicing under the "years of practice" law.

I think we are confounding two things, one is a thought that seems to me some of you have that there is a suggestion of changing the status of the osteopath of today. I don't think that is in our minds. There is a question of establishing the status of the osteopath who is to graduate or who has recently graduated from a school that is offering the best they can offer. I have heard it stated that the better osteopathic schools of today are offering satisfactory courses that are as efficient as the medical courses of twenty or twenyt-five years ago. I do not think we need be concerned about the status of that man who is going to come from the school of today and go before a board that is going to make an examination based on his qualifications in the basic sciences. It is going to be as Dr. Jackson has said that once they are sufficiently educated as osteopaths they no longer are going to practice osteopathy as we know it.

Perhaps there may come a time when we will be willing to take them into the Medical Societies as we have taken in men of the schools other than the regular schools in the past. The fundamental thing is that if we can have a single law which provides that the man have the fundamental knowledge to appreciate the disease with which he is confronted so that he may practice intelligently the healing art we don't have to be worried that the patient may not receive the proper care. It seems to me that this will solve the question of the future in a more adequate way than anything that has previously been suggested.

President Jackson: My object in presenting this matter to you today is to get you to thinking about it and to get your County Societies thinking about it. I believe this is something that we have to give serious attention to. I believe that the legislation which has been presented at this present session of the Legislature gives us a basis for trying to get some sort of fundamental law to establish in the state of Michigan.

If you could get your County Societies to discuss this—as I said in the beginning I thought it was very desirable that questions of general policy should come from County Societies rather than from the State Society, that we should crystallize the ideas which originate in County Societies. I would like to ask that each of the secretaries get this matter talked about in your own local County Society. I should like to present this matter at the session in Mackinac.

I wish each one of you, after you have thought the matter over—you secretaries and presidents of County Societies—would write to me and let me know what you think about it. There probably won't be time in all cases for future meetings of the society for this, but talk with some of your men, find out their ideas and write to me and let me know what the feeling in your community is, what the doctors of the state of Michigan want us to do about this.

As Dr. Stone has said, I am sure that that is the whole object of a State Medical Society, to carry out the wishes of the doctors of the state of Michigan.

We are now to have an address by the secretary of the State Society on "Organizational Policies."

Secretary Warnshuis: Mr. President, County Officers and Members of the Council: This is only an informal talk and not an address as your President has said. It is a talk in which I want to discuss things concerning your state association.

Every person who has ever burst forth into print on the subject of the problems of a Society has stressed the point that the most important individual in our plan and in the scheme of a medical organization is the County Secretary. That has stood out prominently in every advancement that has been made in organized medicine in the United States. That is the reason why organized medicine in the United States today is advancing with such rapid strides and is accomplishing those things which organized medicine stands for.

As you are the servants of your County Society, subject to the mandates of your members, your officers and your various committees, so too, is the secretary of the State Society the servant of the officers and Council and members of the State Society and he but carries out their mandates. The labor, the work that is delegated to your state secretary is not of any small inconsequential nature. It entails a host of details. It is voluminous far beyond the zone of conception of the average individual who has not had any intimate contact with the work. I am not going to discuss the organizational policies and tell just how these policies emanated, but I want to impart to you some of the things that are made requisite upon us in carrying out the mandates of the House of Delegates, the Council and your state officers.

Of course, membership starts with the County Society. You, as secretaries, know the problem you have in collecting the membership dues. The constitution and by-laws of the American Medical Association, our State Society and your County Society state that the County Society is the only door by which a man may gain entrance into organized society. They are obliged to act as censors and appraisers of the qualifications of their membership.

When the man has been elected to membership a certain machinery is set into motion. You record his application in your file, upon your membership roster and you collect his dues. In the collection of those dues there is entailed the collection of the state dues. State dues, as you know are $10. We have supplied to each County secretary blanks for the remittance of the dues. This blank is part of a system. It is a very convenient method of keeping our records straight.

I wish you could be at the office, especially from January to April when due come in and see how few of the secretaries use this blank. We receive dues listed upon prescription blanks, upon circulars that doctors receive in their mail and practically every type of paper or style of paper comes in. The names are sometimes spelled out, sometimes only the initials are recorded, sometimes they do not have the surname or the address and things of that kind.

Just to show you the importance of that system; we are compelled each month to make a report to the American Medical Association, because by reason of a man's affiliation with the County and the Michigan State Medical Society he becomes a member of the American Medical Association without the payment of further dues. The American Medical Association requires us to make a report to them monthly of the members in good standing and those who have paid their current dues. They require also that we give the full name, the correct spelling of the name, the correct address, because that material is used for the compilation of the directory of the American Medical Association, of the medical profession of this country and therefore it must be very accurate.

That is one of the first problems that we have to contend with. The first request I make in the remittance of dues is that you give us not only the man's name—full name—but that you also give us his street address. You would be surprised at the number of changes in address that are made every month. Practically every month's mailing of the Journal requires the cutting of anywhere from 250 to 400 stencils. Last month, because of some considerable movement in Detroit and a few of the other places where medical buildings have been erected for the profession, we had 600 changes of address. If the changes of address are not reported to us the Journal goes out to them and is returned to us with the simple statement on the wrapper "Moved—address not known" or "Address changed." The Post Office Department will not give us the change. The Journal comes back to us and it costs us four cents a copy. Then we have to write to the County secretary and find out where the man has moved to and then correct his address.

The first thing, then, that I would like to ask is that in the remittance of dues and in the reporting of members you use the blank that has been supplied and when these dues are received it is an easy matter for us.

The handling of the dues requires approximately six distinct transactions in our office. First on receipt of the blank we check over the check that comes in with the names reported to see that they agree. You would be surprised at the number of times that seventy names are reported and remittances are made for only sixty-five. Or, on the other hand when seventy are reported remittances are made for seventy-two. After that is checked over a receipt is mailed back to the County secretary in the form of the second page of that blank. The names are then entered upon the card index, which gives a record, by county and by city, of each member, his name and his payment of his dues and the time of the payment of his dues are recorded upon that card. It is essential that the time of the payment of his dues be recorded because of our medical legal defense feature which provides that a member in good standing only is eligible for this protection and if he has lapsed in his dues for the period for which he is being sued he is not eligible for this service.

After the dues have been recorded upon the membership card then the membership certificate is made out and is mailed to the individual and not to the County secretary. We have approximately 3,300 members. It costs us three cents to mail out the certificate. You see then what a considerable amount of work is entailed by having to insert the man's name into the certificate and in the addressing of the envelope and

stamping it and sealing it. It must be mailed first class—it cannot be mailed second class.

After that is done the name is transferred to the addressograph, or the cabinet which contains the metal clips from which we do the mailing and the stamping of the wrappers. His accurate address is rechecked. Also we make certain that he is on the mailing list and that he is going to get the Journal every month. After that we have to make out the list for the American Medical Association, which is done on a blank form which they send us. The name has to be transferred to that blank and finally we have to make out the remittance list to the chairman of the Medical Legal Defense Committee. There are just seven transactions that we have to go through in regard to each. A slip-up on any one of them will throw out our machinery. That is why I want to stress as the first thing this morning that you, in making your remittance, cause tnis accuracy to be observed.

By direction of the House of Delegates and also by the Council, all members whose dues are not paid on or before April 1 are placed upon the delinquent list and their Journal is discontinued. They are also without the benefits of the medical defense and they are reported to the American Medical Association.

That is rather a difficult thing and I have sometimes wondered whether we should lay the limitation at April 1. Why make it April 1? Why not make it February, 1 or March 1? During January, February and March those members are receiving the full benefits of our organizational work and our organizational activities and they are receiving the Journal, which in actual cents costs us approximately thirty-eight cents per member, per copy. Why shouldn't a man pay his dues by January 1, or at least February 1? Establish that policy and so obviate the taking off, as we had to do yesterday, of 581 names because of unpaid dues this year. The suggestion has been made by Dr. Ricker, one of the councillors, that we publish a roster of our members. Dr. Ricker's suggestion has a lot of merit to it.

He said it would be a good policy and would have a stimulating effect and would induce those members who are lukewarm to become affiliated if every member had on his reception room table one of these books where all the doctors who belong to the County Medical Society and the State Medical Society would have their names listed. There is a certain prestige attached to that membership which it is well to have disseminated through the community and which creates in the community more or less confidence in the man who is a member of organized medicine and who attends the meetings of organized medicine, more than the confidence that is placed in the man who is content to pursue a cloistered existence and practice along independently of any organized effort.

I have been instructed by the Council to prepare such a list and publish it. We were hopeful of presenting that list in connection with this issue of the Journal but it was wholly impossible to do so because you can readily percieve that if a man who has paid his dues finds his name omitted from that list that goes out and lies on vour reception room table, he is going to holler louder than a castrated steer.

Therefore, we have asked for a little leniency in getting out that list. We are attempting to get it out by the June issue. During the course of the next week we are going to inflict upon you secretaries a little additional work because we are going to send you a copy of the list of members in your County who have paid their dues and also a list of those who have not paid their dues, in order that you may verify this list and return it to us so that the roster of your County Society may give full credit to all the members who have paid their dues. That is another part of the activity that we are going to ask you to help along in.

The next thing we come to is the correspondence in the office. Our average mail—outgoing mail—runs about a hundred letters a day. Some of them, true, are merely form letters, some of them are just questioning the County secretary as to initials or the street number or an address, yet there is a considerable amount of correspondence. That correspondence varies and covers every conceivable thing you could imagine.

The last letter I received yesterday afternoon was from a certain doctor, a member of one of our larger County Societies who wanted to know our opinion as to whether it would be proper for him to put out a cough mixture, and if he did whether he should put his name on the cough mixture, and if he used his name whether he should precede it with "doctor" or conclude with M. D., whether it should be patented or not patented, and whether or not he should have the formula filed with the State Medical Society.

That is one type of question that we get.

We have tried to answer every letter that comes in to us every day. We try to have and hold available for all the members and officers of the Society all the information that they may call upon us for and if we haven't got it we have several avenues by which the information may be gotten.

I am not mentioning this average of a hundred letters a day to say that we are being over-worked. I welcome the hundred. I wish there were two hundred, because it is in that way that we feel your State Society can be of service not only to the County units but also to the individual members. We like to have that correspondence come in. In return when we write to you we would like to have you evidence the same promptness we try to evidence and answer our letters within a week after they are sent and not expect us to write three or four times in order to get one point or get the answer to one question.

There is one County secretary—he is not here and I didn't expect nim to be here—whom we know at the office. We are wasting money when we write to him. If we want definite information or important data we don't write him letters, we use the long distance telephone. That is the only way we can get the data from that County. Those are just a few of the incidents we have to put up with in regard to correspondence.

The House of Delegates and the Council give us some definite duties to perform and definite, general policies and principles to carry through, some of which are, supervising the post-graduate conferences that are being held in each Council district, and we are also supplying speakers for County Medical Societies. I supplied one yesterday for a church service in Big Rapids on Sunday night. The preacher up there called over the 'phone and wanted to know if we could get somebody down there to take his place in the services and give his congregation a public health talk.

Those are things we welcome. That is the service we want to offer and want to give. We welcome all those applications. That is what we are doing in conjunction with the other work of the joint committee on public health education which you know and of which you read reports about in the Journal. Also, under the joint committee plan we are providing speakers for the high schools. Some of you who have this work in your counties have arranged for this locally, in Wayne County particularly and in some of the larger counties, but in some of the smaller counties we have had to supply these speakers for the high schools from adjacent towns and we have had to make the arrangements for these hign school addresses on public health to tne senior students.

As far as the legislative work is concerned, that has taken most of our time during the last month and we have been working intensely on it. Dr. Jackson and Dr. Stone have imparted to you some of the activities that have been gone into in regard to that legislative work. It all sounds very simple when we ask you to send a telegram to your senators and to the committee, and I want to say that the majority of our County Societies respond nobly, but that is a tremendous influence in accomplishing what has been accomplished at the Lansing session. I think a little later in the day some of the members who were present at that session will tell you about the osteopathic and chiropractic bill and the cult situation that exists at Lansing. The next Journal will also contain a brief resume of some fifty odd bills that pertain to medicine and to doctors that we went over and studied personally to see wherein the rights or the interests of the doctor were involved. Where the interests were involved proper steps were taken to protect those interests. It is no little job to run through those bills and read some of the clauses that look innocent on the outside but have an inner meaning that is very detrimental to our interests. Dr. Langford just this morning showed me one of those.

Then there is the question of the prosecution of irregularities. You know that at the last session of our House of Delegates the Council stated that arrangements were now being made to institute a modest, quiet campaign to free communities where our members were being unjustly imposed upon by unqualified and irregular practitioners. An appropriation of a certain amount of money was made for that purpose.

The minutes of that meeting were read and the action became known throughout the state, and yet we got something like seventy-five or eighty complaints from different parts of the state regarding illegal practices. The majority of tnem were against chiropractors. Your executive committee in considering these complaints thought it would not be the best policy, at the present time, to start any generalized campaign against these chiropractors because that would give them an argument

and a plea before the Legislature that we were now engaged in a campaign of persecution.

I can say this, however, that under that policy of the executive committee and the Council during the last six months we have been the means of causing the discontinuance of practice of some fourteen irregular practitioners throughout the state. That may not have affected you in Lansing or in Flint or in Kalamazoo, yet we have done it and we have also caused the arrest of a man who is now in jail and is awaiting his trial. He is a notorious abortionist, an osteopath who had been coming to a certain community every week where a "fence" of his would line up six or seven or eight subjects, or patients, and he would do from six to eight abortions before train time and then beat it back to Chicago. They couldn't get him, but one of his cases died and that is going to cause his conviction for manslaughter.

There is a priest in the upper peninsula who has a larger practice than the doctors in that county. He has a larger waiting room practice than the doctors in that county combined and he has a hold upon the people by saying that he is giving them medicine imported from France. That complaint was filed. The matter was taken up with the church authorities. The Bishop of Marquette was told of this. He has written to this Father to tend to his saving of souls and let the care of the physical well-being of the parish be in the hands of doctors. The Bishop of that diocese has assured us that if this priest did not conform to his instructions he would be removed from the church.

I just cite one or two, or a few of those instances to show you that your State Society, through its executive officers, is working along lines like that. We are necessarily limited because we haven't the force, we haven't the personnel to make any intensive campaign. We are building and building strongly and the benefits of membership are more and more apparent each year. The membership is of more value each succeeding year.

At this time I want to urge that if you have not already done so that either at one meeting, or at two or three meetings, or through the medium of your notices that you send to your members of the meetings, you record and call to their attention the somewhat generalized statement that appeared in the March Journal setting forth the activities of your State Society.

I feel this, and I think that most of you men have sensed the same thing, that as your individual members know of what your County Society, your State Society is doing for them they are going to come into the fold. I think this year we are going to show a larger membership than ever before. Our average membership has been around 3,100. My estimate for this year is about 3,350. That will be a gain of about 250 members just because we have been doing some work for the benefit and value of your members.

Your executive committee meets every month. Up until the Mt. Clemens meeting three years ago the large part of the work, its application and administration of the executive duties of the State Society were left in the hands of the secretary. Being but human and frail there were acts probably of omission and sins of commission that occurred. As the responsibilities became greater I suggested that the Council create an executive committee and now every month five members of your Council go over the various plans and policies and what we have accomplished during the past month and what is to be accomplished during the coming months. In that way we map out the month's work. Working in that way with a definite schedule in mind and assisted by the judgment of five men and not with the judgment of one only, we get farther along.

I am not going to say anything more on that but I wish in this whole matter of your State Society you men here this morning, between now and the time this afternoon's session starts, or when the round table discussion comes on, would prepare or write out any questions that you may have that you want information upon or that your members want information upon, or something that you would like to carry back to your County meeting regarding what your State Society is doing for the individual member as well as regarding the general policies that prevail through the state, and present them at that time. (Applause).

President Jackson: I will now declare a recess for luncheon.

They recessed at twelve-fifty o'clock.

WEDNESDAY AFTERNOON SESSION

April 27, 1927

The meeting convened at two o'clock, President Jackson presiding.

President Jackson: I have the very great honor of introducing to the County secretaries and other officers the chairman

of the County Societies Committee of the Medical Society, Dr. Corbus.

Dr. Corbus: Mr. President and Secretaries: I ought to be permitted a good deal of liberty in the sort of talk I want to give you because I didn't know it was coming. The subject which Dr. Newton was to give was "Interchange with Neighboring Counties." I will come to that if you will listen to me for a moment or two.

If you look back over your activities of the State Society you will be impressed with the fact that the activities show that the state body was a sort of mutual protective society in the beginning. That is a good enough objective as far as it goes. It was further a forum in which men could give some of their ideas, some of their discoveries on medical subjects, which was all right as far as that goes. It was apt to be a place, also, for debate and often furnished opportunity for the exercise of the talents that some men possess and desire to use in that playful game, politics.

If you will look back over your transactions or the activities of your Society for the immediate years, I think you will find that our objective has changed materially and the greater part of our activities have been directed to the accomplishment of what we feel is our duty and obligation towards the public. While fulfilling this obligation to the public in giving better medical help, educating the public to appreciate better medical service, we have at the same time given the doctors of the state the opportunity to improve themselves.

Of course, it is a correlary that if the public is to get better medical service it must get it from men who are better doctors. Our first step in this direction was the formation, with the assistance of the University, of the committee on public health and education instigated by the State Medical Society and now taking in a group of members coming from various allied organizations such as the Anti-Tuberculosis Society, the nurses, the State Board of Administration, the State Board of Health and others.

Through the committee, using the University extension department machinery, we have tried to put before the public the knowledge of what better medicine should be. I think that that committee has accomplished a good deal through the talks by the persons whom they have sent all through the state, through the talks which have been given by members of the profession to the school children of the state.

Our next step of note was the promotion of these post-graduate conferences by which a day of post-graduate work is given to the doctors in their immediate community.

The next step, following that, is the effort that we are making now to have established at the University of Michigan as a center but not necessarily limited to the University of Michigan, courses—post-graduate courses—which we hope will begin in a very simple manner and in the near future will be brush-up courses, courses which will be offered a man for two or three or four weeks in not only Ann Arbor, but Detroit and other places so that the man who has gone out and in the course of his business practice has been unable to keep up but wants to perfect himself in some certain branch—I do not mean highly perfect himself in a specialty—so that he may carry on the work he is doing and may have the opportunity of going to these centers and brushing up and making himself more competent.

That leads me to what I consider to be a branch of this post-graduate work, that is the interchange of programs between the County Societies. To start with, the County secretaries have to have a planned program for the year or they are not in position, of course, to interchange programs with other Societies unless they are producing good programs in their own Societies. The man who is to talk should be notified early enough and stress should be laid on the necessity of a reasonable amount of preparation if you want to have good meetings well attended by your members.

When you have had good men come before you of your local Society and they have given good talks pick out those men and bring some men in from other communities to give talks before your Society in their place. It has worked out very well in the places where it has been tried. That gives you new ideas, makes a closer contact between the neighboring towns and counties, but sufficient preparation is necessary.

As chairman of this committee I am normally supposed to be in charge of post-graduate conferences although the work is handled from the secretary's office. I would like to have a discussion as to how far you think we should proceed with these conferences. Are you getting tired of them, do you want their methods changed, do you want to be able to plan and carry out the change, is there some other scheme that you think would be better?

We are trying to modify it a little bit now, we are trying to draw the County Society in a little bit more than we have before. We are prepared to offer our assistance. The secretary is prepared to offer the assistance of his office in sending you men. But, if the secretary's office sends you a man it is your obligation to see to it that he gets an audience. It is not fair to send a man out to a County and have twelve men at the meeting.

I would like to see the County Society take more of a prominent place in the activities, particularly as far as it appears public, if you see what I mean. I have in mind the individual layman who is fond of his doctor. The laymen, as a group, don't seem to have such a very high regard for the medical profession as a group. If your County Society can get before the public in furthering plans for public betterment it will be well and your position will be stronger.

The American Society for the Control of Cancer proposes to put on a campaign which they have put on before in the state. Dr. Peterson is the chairman. Very wisely, it seems to me, he came before the Council to talk the matter over. The Council felt very strongly that in movements of that sort there should be a very close co-operation, that the State Society should be behind this movement and should have a certain amount of control of these things. So when this so-called "Cancer Preventive" week is put on it will be put on with the State Society and the Councillors of the district immediately behind it. But, I think the County Societies should put this thing on as far as being an authority behind it for local publicity. I would like to see the public of the community in which this thing goes on look to the County Society as the motive power behind it.

In the publicity that is to go on in the counties during this week, it is the Kent County Society that is putting on what we shall call there a "Diagnostic Survey for Possible Cancer." We want the County Society to have the credit for that sort of thing. It seems to me a wise move that the profession shall get closer to the public

in these movements for health betterment. (Applause).

President Jackson: Dr. Corbus has brought up some very interesting points for your discussion and I hope that we may have a free discussion of these various County Society activities.

Dr. Martin: I don't know why I should be called on. I don't know that I have very much to say except to express my interest in what has been said and my sympathies with what has been said.

In listening to the discussion this morning I was impressed with this idea, that there is a difference between what people want and what they need. People are willing to pay for the thing that they want, but they are not always willing to pay for the thing that they need.

If you don't believe that, just think for a moment of the difference between your bootlegger and your bootblacker. You wouldn't pay your bootblacker five cents above the price of blacking your shoes, but the bootlegger you will pay anything to in order to get what you want.

For the ladies—just take the difference between the milliner and the miller. You wouldn't pay more than necessary to the miller for the flour but go out and pay any old price for a few cents worth of ribbon if it is in style.

You see in that way the people are willing to pay for the thing they want. That is the reason why some of these irregular schools of medicine can flourish. People like to be rubbed and patted and made a fuss over. They cater to a certain psychological need that the medical profession is, I think, a little shy on. It seems to me that the whole thing reverts back to the same thing that exists in religion. You can't legislate religion. You have to have the spirit of religion in your religion in order to make a man religious. You have to have the spirit of service in the medical profession in order to make the medical profession appeal to the public.

If we, as doctors and as organized medicine, will see to it that our education is such and our service that we render the public is such as to be beyond question we won't need to worry so much about these other fellows cutting into our business.

I was thoroughly in sympathy with the facts of this basic science law. It seems to me that is going to solve the whole problem; if we can see that everybody that practices the healing art is fundamentally trained in the basic sciences the rest of it will work its own way out. The public will regulate that.

In my mind what Dr. Corbus has been saying hits the basic principle. The people are going to recognize the service that we render them. Organized medicine can contribute more to the prevention of diseases than any other branch of the healing art has or ever will be able to contribute. Where we have fallen down in the past is that we haven't made that thing known. We haven't shown the public our activity in attempting to prevent communicable and contagious diseases and to educate themselves as is now being done in the prevention and control of chronic diseases.

What Dr. Corbus has said, I think, is basically sound, that if we will get out more and teach the public what is helpful to them for the prevention of diseases and manifest to them our interest in their physical welfare more we will attract a greater attention from them and a greater love and admiration to our organized work.

I think this is fundamentally sound, and as far as the County Medical Societies are concerned the same principle are true. If the officers of the Society are interested in the welfare of that Society and take their office seriously, recognizing their responsibility and getting down to "brass tacks" and attempt to arrange a program that is helpful and attractive the doctors are going to come out. If you don't give that some thought and attempt a program that is helpful and interesting they don't come out. They will come out for the thing that they want as well as the thing they need. I think it has proven so in our Society.

We have been fortunate in having as our chairman of the program committee, Dr. Stone, who has made very wonderful suggestions for our speakers and our secretary, Dr. Knapp is a wide-awake fellow who gets out a little bulletin that makes the doctors open their eyes and think. As a result of that we have had the largest percentage of attendance this year that has been known in the history of the Battle Creek Society —*92 per cent in a membership of 107*. That is a pretty fair record of attendance. That is because we have had attractive programs and the programs have been put on in an attractive manner.

Another thing our County is doing which is attracting the attention of the local people is that we have put on an educational campaign. We have complied with the request of the state officers in putting on this program of health lectures to the senior students of the high schools and colleges in the County. The reports I have from the students who have heard the lectures is that they have been very pleasing. They have enjoyed them and have profited by them very much.

In addition to that the chairman of our publicity committee has put on a systematic course of health lectures in the big public auditorium which has attracted I should say, on an average, about 400 people to these lectures. There has been no pokus or bunkum game put on. It has been good, classical, scientific material that has been handed out in a way that the public could grasp. I am sure that this is winning the admiration and the respect of the local people for the work of organized medicine.

My own personal opinion is that if we will give more attention to this type of work to show the public that we are interested in their welfare and that that is our mission on earth we won't have so much trouble about legislative measures to protect them when it comes to selecting the type of men who should look after them when they are ill. (Applause).

President Jackson: I am sure that this Secretaries Conference would be glad to hear from the secretary of the County Society that can get out 92 per cent of the membership. Dr. Knapp.

Dr. Knapp: I think Dr. Martin has covered the subject very well. I do think, however, that to get out a big attendance at medical meetings requires, as Dr. Martin suggested, a little forethought and foresight on the part of the program committee. I know that when we figured out for this year what we were going to do we sat down at the December meeting and elected officers and mapped out nine or ten meetings for the year. We wanted a meeting on surgery and medicine and we wanted a meeting on orthopedics, one on public hygiene and so on. We covered the whole

of scientific medicine and then we looked around for somebody to fill those subjects.

I believe that is the only way to do it. I don't think you can just trust to luck and wait until the time comes for the next meeting and then see who you can get. The thing to do is to name your subject and then get somebody to cover it. As a rule when you have a subject it isn't hard to get somebody to fit the subject. Big men generally are willing to come and cover the subject if you have the time and the place for it.

As far as bulletins go, I believe that that is quite important. I think something should be said in every bulletin about attendance. The average doctor doesn't care much, he just comes to the meetings most of the time and tries to tell those who are there why he doesn't come oftener. It seems to me that in a bulletin you can publish and keep a record of the attendance of every member during the year. We do. I have a schedule and I can tell every man whether he has been there 100 per cent during the year or not. I have made up a form, a sort of a class record of every man's attendance in the Society.

We run our meetings a little bit on the order of the Rotary and Kiwanis Clubs as to attendance. I don't think that is a bad plan. I think if the state secretary would work out some standard forms of secretary's blanks to keep the records on that wouldn't be a bad stunt. If the State Society would offer prizes for the best attended County Society it wouldn't be bad.

There are a lot of things along that line that would stimulate attendance. If the attendance business is called to a man's attention by means of good programs and enthusiastic meetings, I think on the whole the attendance is going to be better.

Dr. Martin: I just want to interrupt to say that I think Dr. Knapp spoke of the Rotary and Kiwanis methods. I think he got a little of the thunder from the Sunday school. I am not quite sure where he got it. He put into practice something that the Sunday schools use that I happen to know is good. If a man isn't present at the County Medical Society he gets a little letter in which it is stated he was missed and it is hoped nothing will interfere with his coming the next time. It has done a lot of good.

Dr. Langford: I don't think Washtenaw County can contribute very much. We have our own problems with the University clinic every day. Because of that, I don't think the diagnostic conferences can be put on in the immediate vicinity of Ann Arbor to advantage.

I think the bulletin sent out by Calhoun County has set a mark for all other County Societies. We can do best by imitating, perhaps as closely as we can, the plan of Dr. Knapp.

Dr. Knapp: I think Dr. Clay of Grand Rapids could tell us some very interesting things about how he publishes the bulletin at a minimum of cost.

Dr. Clay: We have, of course, a somewhat larger membership than the rest of the Societies. I have an arrangement with the person who publishes the programs for the Powers and Regent Theaters and several other theaters in town whereby she gets the advertising which we place in our bulletin and she gets full revenue from that advertising. She gives us the bulletin free. We figure that that saves us a total of about $350 to $400 a year. That is something that was just instituted in the last year and seems to have been working out very nicely.

I don't think the secretaries of the medical Societies are perhaps such good advertising men. I don't think it is the secretary's duty to solicit advertising for the bulletin. I think you should turn it over to somebody who is in the advertising game. This particular woman does practically nothing but that and she is quite adept at it. I think we can save more money by obtaining our bulletin free than we could by the secretary attempting to get the advertising and then attempting to collect it and trying to make money off that sort of proposition. It obviates a good deal of unnecessary work on the part of the secretary. He has plenty to do anyway. I think it is quite an advantageous scheme.

We find the bulletins of considerable interest and value. The men seem to be sufficiently interested so that they miss it when it doesn't arrive, or if anything happens to it in the mail they call up and inquire what the trouble is. We try to put matters of interest in there in addition to the program list. I have been attempting lately to reproduce either a synopsis of the previous speaker's report or some of his actual paper, as much as I could include in the small bulletin, so that members who were not present at the last meeting could at least get more benefit from the bulletin.

I think we will propose next year, if things go along satisfactorily, to make the bulletin somewhat larger so that we may include a somewhat larger article and include papers in the bulletin more than we are able to do at the present time. We are somewhat limited now because the present amount of advertising and the present amount of space makes it impossible for articles to exceed 1,000 words on an average. I think the average paper for medical Societies contains more than that.

I don't know whether that sort of system can be worked out in other communities or not. I presume it could in some of the other larger cities like Battle Creek and others of that size. We feel it is quite a saving. We have been able to put that money, which we ordinarily would have spent on the bulletin, into bonds which we are saving for some future use.

Dr. Corbus: The organization must have a soul if it is going to live and be successful. It must have ideals and it must have an objective which is worth while. The executive committee of the Council gives a considerable amount of time to the activities of the State Society. I, for one, should not be willing to give up that time if I did not feel that we were doing something which would give to the people of this state something better in medical work, and if I did not feel it would add to the sum total of health and of happiness.

I think there is something wrong with the doctor who objects to the dues that he is paying at the present time. I think there is something wrong if he looks on those dues as simply money paid in for which he expects to get some personal return. He ought to be willing to give something towards a larger objective. He is bound to get returns. The man who is made a better doctor by taking advantage of the opportunities which are presented to him by the State Society is going to have returns that will increase his practice. However, the money that he spends should be thought of as only an incidental return to him in actual dollars. It is a bigger thing than that and the little that he pays towards the furthering of an objective which looks towards the improving of health for the communities in this state is certainly to be considered as money well expended.

President Jackson: At our meeting in Lansing the House of Delegates approved the organization of a woman's auxiliary along the lines of the organization of these auxiliaries in some of the other states throughout the United States. I think the Michigan State Society should be very happy and feel very fortunate for having as our chairman of this committee the wife of one of our doctors in Kalamazoo. She is here today and will present to you the general subject of the woman's auxiliary and plans for its organization in this state.

I have great pleasure in introducing Dr. Caroline B. Crane.

... They all arose and applauded as Dr. Crane came forward ...

Dr. Caroline B. Crane: Mr. President and Gentlemen: I wish to assure you that that Dr. before my name has nothing to do with medicine.

I want to take less than the time assigned me, if possible, in order that we may have time for discussion of this matter. Just a word as to the origin of the Woman's Auxiliary. It began in the year 1922 in Texas. The very first auxiliary was the Dallas County Auxiliary which is the County in which Dallas is located.

When the American Medical Association met—they met in Texas last year didn't they?—a great deal of enthusiasm was developed among the women who were present with their husbands for an auxiliary which has already been started in a few states, beginning with, as I said, the Dallas County Auxiliary. Preliminary steps for organization of auxiliaries have been made in twenty-one states, mostly in the middle and western states. There are very few in the east. I think there are one or two east of Pennsylvania; Pennsylvania however is one of those which is organized.

There is to be a meeting—a national meeting—of the Auxiliary in Washington from the sixteenth to the twentieth of May in connection with the American Medical Association and I would like very much to get far enough along in the Michigan organization so that we could be counted in. I hope we may have some delegates attending from the state. I hope we will find wives of doctors who are sufficiently interested in the idea to actively sponsor this for Michigan and who may represent us at that meeting.

The organization is far enough along now to have published several pamphlets and brochures of one sort or another, among them the quarterly bulletin. The Woman's Auxiliary, and the Kentucky State Journal gave practically all of one of its issues to the problems of the Auxiliary in that state. Here are one or two other pamphlets explaining the aims and purposes of the organization.

You have been told of the status of the Auxiliary here in Michigan, the president having sent out a letter to each of the county secretaries asking him to nominate a committee or at least a chairman for the committee in his county and he directed that the reply should be sent to the secretary in Grand Rapids. As they have been received—these nominations—they have been turned over to me. Thus far I have received twelve letters from this source and I have sent out, in each case, a letter which was typed in the Grand Rapids office, but which I wrote, explaining what it is that we want to do and asking for active co-operation. I will presently report on the replies that I have had.

I will read first the object of the organization as stated in the by-laws—the national by-laws—of the Woman's Auxiliary.

> "The object of this Auxiliary shall be to extend the aims of the medical profession to the wives of doctors, to other organizations which look to the advancement of health and education, to assist and entertain at all American Medical Association conventions ..... and do such work as may be assigned from time to time by the American Medical Association."

In the letter which I have sent to each of the twelve nominees, I have made the following suggestions which I would like to read to you because I want to amplify them in the future from the suggestions which I receive from you today. I stated that I thought it would be well, prior to the next meeting of the County Medical Society, for the woman who is acting as chairman, or organizer, to get them together for a luncheon or a dinner—the doctors and their wives— in order that after the meal they could call a separate meeting for the women. They could ask the County Medical Society president to express briefly his approval and his reasons for approval of the Auxiliary and bring forth the specific thing that women might do in their various counties to help their organizations—the medical organizations composed of medical men.

For their aims I have suggested interesting women's clubs and lodges, Y. W. C. A.s, Parent-Teachers Association and various organizations of that kind, either women's organizations or those in which both men and women have membership, in arringing various health programs.

I had a talk with the three members of the committee from Jackson and they asked for suggestions with regard to medical programs. I said I thought it might be interesting to have someone give a talk on a subject that they were very familiar with, such as having Dr. Gladys Dick (the wife of Dr. Dick) give a talk on the Dick Test and how it came about and what it means and how it should be applied, and confidentially, why it should be applied free at the expense of the doctors to all of the school children of the town, as has been proposed in some places I know of. I think that subject is going on the program of one of the greatest women's clubs in Jackson this fall.

There are many topics of medical and public health interest which would be gladly received and placed upon the program of women's societies if there were some one who knew about it and proposed it. I think you ought to be able to do that if McFadden can have his men go before men's and women's clubs—I have attended some of the meetings where they were—where they will tell you that you must never eat fruit and vegetables at the same meal or you will have cancer, or at least that was the implication. A great deal of applause followed the man's speech, and that was the best time for him to tell them about buying his book at $7 a copy.

There is room for better and more scientific and more interesting propaganda along health lines and along the lines of discoveries of medical science which might just as well be gotten before women's organizations and such organizations of men and women as the Parent-Teachers Associa-

tion, if we have the women who know about it and who are always on the program and entertainment committees of any sort and who have in mind getting these things over to the people.

Another suggestion was, co-operating with the Medical Society in conducting open meetings at which important aspects of public health and sanitation, or new discoveries in the field of medicine are to be presented to the general public. I mean by that getting big men and women—Mrs. Dick for example—possibly an authority upon a subject which can challenge the public interest and get all the organizations together to sponsor it. Get a big meeting in a big place and get some big message about medicine or public health to all the people.

Then there is the subject of promoting, in co-operation with other organizations, clean-up campaigns, sanitation and food and water supply campaigns, granting that those things are needed in some community. They may be needed in one community but not in another. Also there is the child welfare movement of which there are various kinds.

Then there is the proposition of securing a wide circulation for Hygeia, the official health journal of the Medical Association, among teachers, librarians and educators. I call attention to the fact that the Hygienic Clip Sheet will be sent to any editor asking for it. I think that in that magazine we have a wonderful instrument for the rational education of the public in matters of health. I wish that we might extend its circulation as far as possible.

Then there is the establishing, where they do not already exist, of social service committees in the public schools and offering school prizes for essays on health and sanitation. Then, furthering the acquaintance and fellowship among doctors' families and carrying out special pieces of work which may be, from time to time, requested of your Auxiliary by your County Society.

I remember Dr. McCormick, whom you all knew and many of you loved as I did, telling in a meeting which he addressed of the old-time lack of friendship and friendliness and confidence which was notorious among the doctors in many localities and how it lessened the confidence in medicine and in the medical profession among the people because there seemed to be a lack of harmony and co-operation and mutual esteem and respect within the profession.

It seems to me that if we made a special effort to get the doctors and their families together on stated occasions and have some program which wouldn't be beyond the understanding and appreciation of the lay women, as well as of the medical profession, that that might be a very good thing. I believe there is a real need of that in most communities, probably not in all of them.

I remember in talking with the Jackson women today they thought there was an extraordinary fine spirit of co-operation and good fellowship among the men of the medical profession in this town. I think we can say that in Kalamazoo too. I doubt if it can be said in every county and especially in some of the rural counties where the doctors are not continually associated as they are in the larger centers. I believe there is a distinct field of usefulness for the women.

Then the next is to do other species of work which from time to time you might be requested to do by the County Society. We want you to remember that we are an auxiliary and no organization could undertake or sponsor anything except at the request, or at least with the approval, of the County Society. In making that suggestion we had in mind a number of things. For example, in helping in legislation from time to time. I think the Legislature never convenes but that there is a cry for or against some bill in which the profession is interested. Now that women have the vote, and now that they are so largely organized and have so many ramifications of organizations, belonging to many different societies, many of them, if they were thoroughly acquainted with the nature and the purport of legislation which you want to have carried or defeated could be very helpful indeed.

The next point is in regard to various forms of social and semi-charitable—we say philanthropic—organizations in the various counties and towns which are mainly carried on by women, although they are mainly financed by men. There certainly is a great need that women should understand the limits of professional units in the care of charity patients. As some physician said to me "When a clinic case drives up in a better car than I drive and the woman has on a better fur coat than my wife, I don't feel I ought to take care of it." Also, it has been brought to my attention that many philanthropic organizations don't know when they have done enough along a certain line. I have in mind a certain organization which was founded some twenty or twenyt-five years ago and which was extremely useful for many years. It was founded at a time when there was no public health nurse in the whole county and no full-time health officer either in the county or the city and when they were lacking almost all of the agencies which we now take as a matter of course and which no up-to-date, well-organized community is without. This organization served a very useful purpose. It taught the people the need of public nursing, it taught people the need of full-time health officers and various other officials because it brought to the public attention the misery and the ignorance and the insanitation of people that were previously hidden because it was no business of anybody's.

I am informed that that society at the present time, in order to keep up its reputation and its character and its size is doing work and putting burdens upon physicians in the way of charity work for many people who should be self-supporting. Such a society instead of being a boon can become a curse to a community. It has largely contributed to the condition which was described in Harper's in the article "The Doctrine of the Poor House." If you haven't read that I would advise you to do so. It gives this man's idea on whither we are tending in medicine. He is a layman but he has profound sympathy for the physician who is asked to contribute in service and money. Nobody spares him from the subscription list. He more than anybody else in any business, is asked to contribute to everything.

Then you can take into consideration this basic science bill or proposal which is up now. All of those things could be taken into consideration. If women thoroughly understand them—and you may be sure of the sympathy of the doctor's wives for the predicament in which the profession is driven by the unthinking public—there are thousands and thousands of ways in which both informally and incidentally and through their membership and official connection with the various kinds of organizations they can get over to the public the very things that should be presented to them.

I don't suppose the public wishes to victimize

the medical profession. They have taken us—because I am a doctor's wife—at our own weight, doing what we are asked to do because we are asked. I sincerely believe that women could help to release the profession from some of these overly burdensome tasks and to help win various kinds of legislation which will give justice to the physicians.

The next thing is with regard to the responses I have received. I have had replies thus far from eleven counties and two have not been heard from out of thirteen. Of those: Barry County is already organized. It anticipated Michigan as Dallas did Texas, or the United States for that matter. Mrs. Keller is the chairman of Barry. I have not heard from her but I know they have organized and no doubt I will hear. Mrs. Ernstein of Bay County thinks it is a very good idea. The others there are Mrs. Foster and Mrs. Ross.

In Calhoun County Mrs. Kolword is chairman. She is also one of the three members of the state committee. She is present and I wish she would stand up and be introduced.

... They all applauded as Mrs. Kolword arose ...

Mrs. Kolword will see to the organization of her county and I sort of count on her.

I have not heard from Chippewa County, Gogebic, Mackinac County. In Iron County, Mrs. Seeger is very much interested and thinks it will be a useful organization and will do all she can for it.

Mrs. Clark, Mrs. Sebore and Mrs. Smith, all of Jackson I met today and I am sure they are going to be a good influence and will get along fine.

Mrs. Sweitzer of Mason and Mrs. Ludington respond with great interest. I have not heard from Newaygo and Wayne County has not, so far, shown signs of co-operation. The lady who was first nominated there was unable to serve. Mrs. Brooks was made a second nomination and I received word from her that she will be unable to serve so that we have no one in that county.

In Genesee County Mrs. Knapp thought the field was thoroughly covered in all of the things that we would ask from her. However, I am to be up there tomorrow and she expressed her willingness to be convinced.

In Washtenaw County Mrs. Washburn wrote briefly that she was sorry she couldn't undertake it.

That makes seven acceptances for three who do not accept, and two from whom I have not heard. That doesn't tally up with what I have said before but that is the way it is.

I wanted to suggest something for the counties that have full-time officers and clean-up campaigns and public health nurses and everything of that sort. A beautiful work for them to do is to help the less fortunate county neighbors. They should be within easy reach of those who are not so perfectly organized. This one thing of getting over the right knowledge and the right spirit with regard to the physicians holds just as much in Wayne County as it does in Gogebic. The more doctors and the larger the population the more work there is to be done in having the medical profession and its aims and the limitations of its charity work, which is forced upon it, drawn to the attention of the public, tactfully and effectively.

That is about all I have to offer. I hope we may get suggestions of other things to be done. I want to say that I had letters from the national organization a year ago and declined to undertake the work because I felt that it would be better for Mrs. Cabot or some one at the University of Michigan to do that. But it wasn't done. I don't know whether they were approached or not but no organization was made. Then my brother-in-law, who is in the profession—Dr. Jackson—became president and asked me to do this, so I couldn't refuse. I will do the best I can, but we do ask your help to nominate women and find out if you can before-hand whether or not they will accept so we can have a good report to send down to Washington next month.

I thank you! (Applause).

President Jackson: Mrs. Kolword, do you want to say something on the subject?

Mrs. Kolword: I have nothing to say because I am as ignorant about this as anyone can be. That is the reason I came, especially to hear about this.

President Jackson: I shouldn't like to make any public confession of my private affairs but I think I can make a general statement that most of us have our professional life largely controlled and directed by a woman. I don't see any reason why as an organization, as well as individuals, we shouldn't depend, to a large extent, upon the counsel and advice and help of our wives.

It seems to me that Dr. Crane has given us some very practical suggestions as to how a woman's auxiliary may function in the state of Michigan. Most of this day we have been talking about the relation of the medical profession to the public trying to get ourselves properly oriented before the public, trying, to use a commercial expression "Sell ourselves" to the public, show them our purposes and ideals. It seems to me that there is a real need, a real use, for such an auxiliary. In legislative matters, in public health education matters, in matters of mooted questions about clinics and charities and various things in which a woman's organization is a factor, the women might be of great service to us as an organization.

I should like to hear a discussion from County secretaries and officers of the Council as to how this woman's auxiliary can be properly organized in the state of Michigan and what advice and help it can give to our commission. I would like to hear from the secretary of the State Society, Dr. Warnshuis.

Secretary Warnshuis: Mr. President, Dr. Crane, and Gentlemen: We are indeed fortunate in having Mrs. Crane undertake this organizational effort and sell it to the County Societies because we have to sell it to them first, this idea of the Woman's Auxiliary. She has set forth rather briefly the experience of the Dallas Auxiliary and what was accomplished with the Texas

State Auxiliary and the activity that has since been going on. Mrs. Crane also mentioned some of the things accomplished by some of the other states.

There is no question in my mind but that the organization of a Woman's Auxiliary in every County Society in Michigan is going to establish the medical profession before the public a good deal better and a good deal easier and as Dr. Jackson has said "Sell ourselves" to the public in a way we aren't selling ourselves today.

Then it is going to make the public see us in a different light and it is going to relieve us of a good many trying burdens the public attempts to thrust upon us because they don't understand our viewpoint. Mrs. Crane has very ably set forth what can be accomplished. Letters have been sent out to each County secretary asking him to nominate one or a committee of the wives of members of the County Society and report these names in.

We know that one letter doesn't always bring a reply. You may have been more fortunate than we in that. We expect to send out a half dozen before we get some of them to answer and in the case of the one I mentioned this morning we will call him on long distance telephone eventually and get the nomination from him in that way. As soon as Mrs. Crane has this contact with the County Societies I am quite sure she will cause the organization of these auxiliaries just as she has inspired it in Jackson and in Barry County.

What has been said and what has been outlined, both by Mrs. Crane, by the officers of the other state auxiliaries and by the national officers, of which Mrs. Bunce of Atlanta, Georgia is the president at the present time, is going to help us in the problems we have been discussing. I think we would overlook one of the best bets we have if we didn't utilize these women to help us in our medical organization work. This work is one of big moment and five years from now you will wonder why we didn't start it five years ago.

Dr. Charters (Wayne): I am sorry our secretary is not here, but Dr. McKeen left for Europe yesterday and couldn't be here. I believe Wayne County stands in a peculiar position. It is easy enough to get the women in the smaller communities, possibly, but I think if Mrs. Crane would come to Detroit to our home, we have a beautiful one now, and get all the women together, talk to them and explain this in person she could do a great deal more than if she wrote to one individual.

Dr. Crane: I will come any time that I am invited.

Dr. Charters: You will be invited. The last thing Dr. Dempster, our secretary, said was to be sure to invite any member of the State Society to Detroit to make the Wayne County Medical Society their home. Dr. Jackson, and I don't remember who else, has been in our home. We have one of the most beautiful homes you could conceive of for a County Medical Society. We serve luncheon from eleven to two. The prices are very conservative. The place is very beautifully decorated and furnished.

I was asked to extend an invitation to any members of the State Society to make the Wayne County Medical Club their headquarters while they are in Detroit. All you have to do is go in and make known to the secretary who you are and where you are from and you will be taken care of properly. When I invite Mrs. Crane down there I am sure that she can use the Wayne County Medical Society as her headquarters. It is a place she will be delighted with. I know if we get Wayne started we will have a very good organization there.

I think when you write letters to individuals in a big community like that it doesn't take hold. They don't realize the importance of the auxiliary. Dr. Crane spoke about organizations overdoing this clinic business. As chairman of the Board of Health of Detroit I was asked in conference two weeks ago with the women's clubs in regard to examination of pre-school age children. The women came up with the request that doctors of Detroit should examine every child before he enters school. They wanted them to give a complete physical examination free. Absolutely free! I asked the woman what she considered was a complete physical examination and she told me. Of course it meant nothing. She said a doctor should be able to examine twenty or thirty children every morning. I questioned her on it and then told her what we considered a complete physical examination for the records. It would take a great deal of time and a great deal of expense would be involved. She felt the doctors should be willing to give that to the community, their time and all that, and go up to the schools and examine these children gratis.

It is just such awful things as that that this ladies' auxiliary can surely offset. The women are well-meaning but when they ask such a thing as that for the city the size of Detroit it is tremendous.

As I said before we are peculiar inasmuch as we are so large we are apart from the state activities to a certain extent. We do not have to pay attention to the minimum program because we have our meetings every Tuesday night. We have speakers of note practically every Tuesday. Last night we had Dr. Kennedy who is a pupil of Dr. Joseph Price of Philadelphia and we have such men as that. Our attendance is growing to double what it used to be because we have such beautiful quarters that it is a pleasure to go there. The women folks are invited. We invite all of your wives to come up there. It is in the new Maccabee Building in the Art Center right near the public library and the public art institute. You can spend the day or the evening there. We do not serve evening meals any more. We found that was impracticable. We only serve the noon luncheon. We would be delighted to have you come there.

As far as the women's auxiliary is concerned, I think that is of prime importance throughout the state. In Texas they are putting up the framework for it. I believe in our desire to make a doctors' organization more efficient we leave out, seemingly, the all-important thing because

we can't always have scientific meetings. We cannot be all work and always keeping on in the same hum drum way that we do every day. Our social meetings should really play a part in our work.

I have Oakland County in my district and if you ever saw a Medical Society that co-operates with the townspeople there surely is one. Dr. Warnshuis knows of that. They play golf with the lawyers there. They play baseball with the preachers and it gets them in more intimate contact with the laymen. I think we stress the scientific part a little bit too much. That is where the Rotarians and the Kiwanis and all the other societies really get ahead of us—from the social side of our life.

I believe it was either in Grand Rapids or in Jackson where the doctors had a picnic and they were fined ten cents each time for calling one another "doctor". They had to call each other by their first names. I think those are the things that are going to take the jealousy and enmity away. You find that in the smaller communities, but in larger communities, like Jackson and Detroit and Kalamazoo and places of that size you don't find that so much. There aren't so many narrow ideas there. But in the northern part of the state where there are so many smaller communities you will find that sort of thing. I think social intercourse is the thing that the woman's auxiliary can bring about along with the help they can give in the scientific work.

Dr. Crane: May I just tell a story? It is the story of Mary and Charles Lamb. Charles Lamb always said "Mary, I always hate that man."

Mary would say "But Charles, you don't know him."

Charles would say "How could I hate him if I knew him?" (Laughter and applause).

President Jackson: I don't like to keep calling on you. I think you ought to give Dr. Crane your judgment and your views.

Dr. Langford: I pledge the full support of our county to this movement. I called up the lady who declined in our county and she then accepted with some enthusiasm.

I feel this organization can do a great deal of good. In our community the men and women feel that they are over-organized now. There is too much of social and club work, but this will undoubtedly have its place and can be made to function. Those of us who are members of the Service Clubs for the men, Rotary and one or two others, as clubs we do not take part in community activities but each member is encouraged to carry the Rotary message into his organizations. I think that ultimately this auxiliary can function quite effectively that way.

Whether or not this organization should attempt to function publicly in activities under its own name is questionable. Some time ago we heard something of the organization known as the Friends of Medical Progress. Whether it was still-born or is now moribund or is dead, I don't know. But, if such an organization could be fostered and developed with the help of this organization it would be a tremendous step in the direction we are all trying to go.

Dr. Crane: Don't get Friends of Medical Freedom mixed up in there. (Laughter).

Dr. Marsh: I came from a little place. I hear a lot of things about what some of the larger counties are doing. I feel that down in our county we are making a little progress. A few years ago Lenawee County Medical Society—to be exact about three years ago—was almost dead. I think they had two meetings that year. Then there was a little stimulation there and things began to pick up. During the past two years things have been progressing and we have instituted—it was done by our president—the practice of holding the meetings in the homes. We were getting eight or ten men out. Now we have practically outgrown the home meetings and we have to have something else.

Dr. Jackson was present at our last meeting. We had about thirty-two members present out of a membership of thirty-four. We had the attorneys there. Only ten of them came but their secretary tells me they only get about fourteen out to their own meetings now. We had one meeting with the attorneys last December. It has promoted a better feeling.

This year we had a malpractice suit started there against a man who was not a member of the County Society. A number of members of the County Society backed him up and helped him in every way they could. The reason it was done was that we happened to know that there were two other cases waiting to see what happened to this one. If this was won they would start others. For our own protection we endeavored to keep them out. The one that came to court was dismissed for no cause for action. It was fundamentally and purely a malicious affair.

We have had picnics to which the ladies have been invited. Each time we have had them out they wanted to know why they couldn't come to more meetings. I purposely waited till today to hear about the woman's auxiliary before I sent anything in regarding that. I am sure we could have one down there because we have good co-operation among the doctors and I don't know why we shouldn't have it among the wives of the doctors. We have increased our membership this year and have meetings regularly. Our next meeting we have planned for. At our June meeting two of our local members are going to prepare a paper to be given jointly. At that meeting the Fulton County Medical Society will be our guests. They will bring along two men who will open the discussion of the paper given by our men.

The object of this is to prepare a team from this meeting that we will have ready to go out and trade meetings with some other Society. That is the extent of our plans till September. No active plans are being made for the meetings after August. Our program is laid out and we have the meetings prepared, but as yet we haven't obtained speakers. We are mixing in our own local men with the outsiders this year.

As I said before we have increased our membership and have increased our attendance every meeting. Whether or not the residence idea of meetings will continue, I don't know. It is getting so that there aren't very many men in the county who have houses big enough to accommodate all of us.

We introduced the social idea following the scientific meeting. They enjoy the scientific meeting but they come because they know there will be a good time after the meeting. After one of the meetings we had a musical program.

President Jackson: I would like to con-

gratulate Dr. Marsh on that report. I think that was a good one. I wish there were more county secretaries in the small communities who showed the same amount of enthusiasm that Dr. Marsh shows.

Is there any other discussion of this presentation by Dr. Crane?

Dr. Crane: I want to emphasize the fact that we, at least according to our Michigan committee, are not like any other club, like any other organization. My own view of the matter is that we should do exactly what has been suggested by Dr. Marsh and by the gentleman from Detroit, enlarge the social side of an occasional meeting. If you do have a medical program, have a dinner or a luncheon and invite the women. That gives the women an opportunity to have a meeting afterwards. Do that three or four times a year. They can then plan what they want to do and consult the men if necessary. They do not need to have regular or frequent meetings at all.

I think you can readily see that the need of more social life is felt by a great many of the men. You feel it more now that you have had these expressions from the doctors. The attendance is greater and the interest, but all that is lost until you inject some social features into your meetings. Then the attendance is so big the house isn't big enough to hold them. There is the long-felt need of social contact. The meeting with the women will come just as an incidental matter without taking time for other duties.

I want to say that I will—and I can speak for Mrs. Kolword too—be glad to go where you think we are needed, as far as possible, to take up this matter and help form an organization. (Applause).

President Jackson: I am sure, Mrs. Crane, that I voice the opinion of all those present here today that we are very grateful to you and your committee for what you have done.

Dr. Crane: I am very grateful for the hearing.

President Jackson: We will be very glad to do everything we can to make this work go on the very best possible.

We are now to hear from one of our county secretaries on "Public Relations and Education," by Dr. C. F. DeVries. Dr. DeVries is from Lansing. (See Editorial pages).

President Jackson: Is there and discussion of this paper? I want to congratulate the County Society on the twenty-seven necropsies in sixty-two deaths, or something like that. I think that is pretty hard to beat. I think all of you have something to shoot at.

Dr. Clark (Jackson): I would like to ask Dr. DeVries if he has been co-operating with the undertakers in Lansing in getting this high percentage of autopsies. We find in Jackson that the undertakers as a whole are absolutely opposed to autopsies and use their influence many times before we get to the family to get permission.

Dr. DeVries: We are getting wonderful co-operation from every undertaking establishment in Lansing. They have invited doctors to attend them. Their main request seems to be to do the autopsy within the first two or three hours. The problem of cleaning up following these post-mortems and so on they are always very glad to do. I have seen their cars wait two or three hours at the hospital for a post-mortem. I don't think we have any trouble with any of them.

Dr. Clay: Are you charging the members a certain amount in that matter of collecting their bills? What is the arrangement?

Dr. DeVries: This credit bureau thing is working out nicely. It has been going on for about six months. You would be surprised at the number of names in the delinquent list whom you would consider all right. You will find them in the file. The bureau charges each doctor $2.50 a month if he is alone, or if he is in any group or partnership it is $18 a year. The money collected is all collected on a flat rate, that is, 15 per cent commission. A layman runs the organization and acts as secretary. Three doctors and three dentists act as a board of governors.

President Jackson: The next number on the program is by another county secretary, "The Work of Committees" by Dr. George Curry of Flint, Genesee County.

Dr. George Curry: Webster defines a committee as "a group of people who investigate problems." The function of every committee, the purpose of every committee is to investigate several different kinds of problems. Those problems which are of long standing, the stereotyped problems, current problems, anticipated problems and emergency problems come under this investigation. I am sure that every County Society has all four of these types of problems. The personnel of the committee should be composed of men who are particularly interested in the problem which they are given to study.

The chairman of the committee should be a man who is well acquainted with that particular problem, he should have associated with him men who are well-acquainted with it, they should meet, they should study carefully, they should analyze and they should report in the form of a conclusion or a resolution to the organization which they represent.

I think those standard facts hold true for probably every organization and certainly for a County Medical Society. Dr. Corbus made the statement that every organization has a soul. I think every County Society should have a soul. I think that soul should have its manifestation in committees. I think the more committees you have the more successful is your organization. The relegation of responsibilities to various members of the Society is one way to have a successful Society. All of us bolster up under responsibility. We have a mutual admiration society of which we are a very prominent member when we are given the responsibility to investigate something. I am sure that that is the case with the County Medical Society.

I am sure you will pardon me if I make reference to my own County Society in this regard. It seems to be the routine here this afternoon to refer to your County Society. That is the one nearest to our hearts. After four years of observation as a county secretary I think the most

successful year that we have ever enjoyed in Genesee County is this present year. I believe it is due entirely to the fact that we have a lot of committees. Our president has never seen fit to decide an issue by himself. I have no record that he has ever made such a decision. When an emergency problem comes up in the interim between Medical Society meetings our president calls his committee by telephone and I am always present as secretary of the organization. We meet, have a lunch and iron out the problem. If it is important enough to bring before the County Society we do so. If it is not we don't. We relegate it to the wastebasket.

I believe the scientific part of a County Society is the primary object of a County Society. It is the thing that ought to stimulate interest. Social functions are adjuncts and they have their place. Along with the administrative side of the running of a County Medical Society should be the formation of committees and the appointment of committees at the beginning of the year just as our scientific programs are all arranged at the beginning of the year to conform to the idea of a postgraduate course of instruction over a period of perhaps ten months; in some organizations that would be ten meetings, but in our particular instance it is twenty because we meet twice a month.

The officers of an organization are only a part of it and I think perhaps the smallest part of it. The success of any organization is dependent entirely upon the interest of each individual member. Next to that I think the success of every organization is dependent upon its committees. I think these committees can be likened to the various departments of a large industrial concern. The executive office of the Buick Motor Company would certainly be at sea if it attempted to solve all the problems of the various departments. I believe the same thing holds true of the medical organizations.

I am tempted here to enumerate the committees. Our first committee is the legislative committee. We chose, as our chairman of that committee a man whom we think understands politics, a man whom we think has diplomacy and foresight in handling problems of a political nature, some one who is acquainted with the powers-that-be at Lansing and can do so to the best interests of our own Society. We have five members on that committee. That is the largest committee we have. I think five is about the largest number to put on a committee because the larger you get a committee the more nearly you approach the size of the organization that you represent. Problems brought up at a meeting become unwieldy. There is usually a lot of confusion in trying to arrive at some conclusion. If the discussion of that problem is relegated to a few members then a conclusion can be arrived at more quickly. The other men on the committee are such that we think they understand the same problems that we believe the chairman understands, perhaps not quite as well, otherwise they might ruin the chairman.

The next committee is the public education committee. As chairman of that we have our health officer. We believe he is best acquainted with the public education committee problems, more so than any other man in the profession.

Then we have the public health and civic relations committee of which our school physician is chairman. That explains itself.

Next we have a committee which we have called the research committee. That is composed of three men and we propose to take up a research problem each year in conjunction with the activity of our County Society and investigate that problem over the course of a year's time and then present the findings the following year. This particular year we have chosen to have all of the physicians co-operate in reporting stillbirths to the chairman of this committee. We have arranged with the board of health to get these bodies and bring them to the board of health or to the hospital and autopsies are done, autopsy reports are recorded. We are keeping a list of these over the course of a year. If at the end of a year's time we have enough cases so that it is worth while it will be published, otherwise we will wait two years. I presume after this problem is studied and is found to be worth while, and the results are worth while, there will be a new problem.

There is the tuberculosis committee of three members. There is the library committee which has to do with our hospital library. That is maintained by Genesee County. Then there are the entertainment and program committees. Right here I will say that I have nothing to do with the programs. My function is to receive the program from the chairman of that committee. I call up the Flint Mailing Bureau and cards are sent out. That program is all arranged at the beginning of the year, just as these committees are appointed in the beginning of the year.

Then we have the ethics committee.

We have two so-called scientific teams. These are formed for the purpose of exchanging meetings with other County Societies. We have successfully done this with the Alpena County Society and in two weeks there will be another with the Oakland County Society. We are going down there and exchange meetings and they are coming to Flint the first week in June. We have a senior scientific team composed of senior interns and physicians of the city, and there is a junior team composed of lesser lights. If the seniors cannot go the juniors are asked to go.

We feel with the appointment of the committees at the beginning of the year we can relegate any problem that comes up during the course of the year to these committees with success. (Applause).

President Jackson: Is there some discussion on this very interesting paper about committee work? Are there any questions that any of you would like to ask Dr. Curry? I feel that this is a very valuable contribution to our discussion of ways and means in County Society work.

The next item on the program is a round table and I will ask Dr. Warnshuis, who is our secretary, to conduct this round table.

... Dr. Warnshuis took the chair ...

Secretary Warnshuis: The object of this conference was first to receive reports and second to impart reports so that you, as field men so-called, may know what your state organization, as a centralized group, is attempting to do and that those who

are in charge of the state organization, the central group, may also learn what you field men need. Therefore, to that end I have listed on this program a few subjects that we want to touch upon, just by asking questions and answering questions and if there are any other questions, as I suggested this morning, that may occur to you that are not mentioned here or that haven't been covered you should feel perfectly free to ask them.

I said a little about dues this morning and about the membership roster. Has any member here at the present time any question that he wants to ask regarding this subject or the problems that may have arisen on this subject in his county?

Dr. Corbus has said so and Dr. Jackson and members of the Council have stated from time to time what the dues were. We have set forth from time to time just what we are trying to give in return for the dues. However, no man can count the dividend in actual dollars and cents. I don't feel that we are asking for exorbitant dues when we ask for $10 a year for membership in the State Society, especially when $2 goes to the Medical Defense part of it and $2.50 is for the Journal publication and the balance for defraying organization expenses.

However, we have not always expended all that has been collected. We are putting up a little nest egg, or a reserve fund, which I think it is well for every organization to do. Our State Society, in comparison with other states, has probably the lowest reserve capital. There are some states, comparable to Michigan, that have a reserve of something like $60,000 or $70,000. I don't believe we should ever attain that amount, but I do think we ought to have at least $25,000 or $30,000 reserve to take care of the problems that will arise in the future.

Has any member any questions to ask on dues? Any on the roster? The roster, as I told you this morning will be compiled and probably gotten out for the June number of the Journal. A list of the members of your county who have paid will be sent to you in the course of the next week. We ask that you return that promptly.

The second item is monthly reports. I know they are a task to every secretary. It means writing up the minutes of your meeting and imparting the items of medical interest in your county. We want these reports for the Journal, first, to show other County Societies what you are doing in order that they may gain inspiration and probably institute some of the things in their county. The second is that it serves as a historical record of the profession of our state.

Some of you may have read with some interest the historical paper that we had on George Washington and also the one where we reported the letters of the doctor who first came to Pontiac. Those are interesting things and what we are doing today may be just as interesting to those that are coming after us a hundred years from now. We want to make such record. That is why we want the monthly reports. It is a task but if you will sit down shortly after you come home from your regular meeting and send us the report we will appreciate that very much.

President Jackson: I would like to say a word in connection with this matter of medical history. I would like to say this to you, as county secretaries, that at the last meeting of the House of Delegates a committee on medical history in Michigan was authorized. I appointed such a committee and Dr. C. B. Burr of Flint, whom you all know, is the chairman of that committee. If any of you men as county secretaries or officers of our local organizations have available interesting facts and medical history in your county, I wish that you would take the pains to communicate with Dr. Burr and make him familiar with the history in your county as you come in contact with it.

Secretary Warnshuis: The third thing is the minimum program. Is there anything that has been developed in your county that warrants a change in this minimum program? Or, is there anything else that we should do that will put this minimum program over to more effectiveness and produce more results? I will say that our minimum program policy plan has gone over the country and has been imitated by a good many state societies.

The fourth item is that of legislation. We have been told somewhat about legislation this morning. The present situation is that the two bills that are rather of concern to us are the osteopathic bill and the chiropractic bill. We had proper representation and a presentation was made at the hearing in Lansing. Other political methods were employed in interviewing the members of the committee. We feel quite sure, and quite safe, that the osteopathic bill is in the committee and is going to stay there. If by any chance it should leak out I don't think it will ever be signed by the governor.

You will probably hear of the chiropractic bill within a few days. Then it will pass the house and go to the senate. President Jackson and I saw the Lieutenant-Governor and he gave us his word that the bill will be handed to the committee on public health of the senate and the public health committee of the senate will take care of it. They will furnish a graveyard for it. Don't worry if you hear about the chiropractic bill being reported as passed by the house.

Other pieces of legislation that has come up during this session will be fully reported on in the Journal that is coming out this week. You will find some two or three pages of report thereon which will acquaint you with the various types of legislation that have come forth. Does this conference want to take any action, or pass any resolution, by way of a recommendation to our House of Delegates relative to the appointment of a commission by our State Society to take up the question of the basic science law and the introduction of some bill at our next Legislature two years hence for which we must do a large piece of educational work among the people of the state? Do you want to recommend to the House of Delegates that such a resolution be introduced creating such a commission and studying the probelm and preparing such a bill for the next session of the Legislature two years hence to solve this biennial fight that we have on our hands?

Dr. Knapp: I would like to make a motion covering that resolution—the one which you now stated, and not only the question of drafting the bill from the angle of the medical profession but that a draft be submitted perhaps to the Council by a lay organization or by the legislators who might be interested in it and that the Council also take such steps as necessary to prepare the public for the proper viewpoint on this subject when it comes up two years hence in the way of education.

... The motion was variously seconded and unanimously carried ...

Secretary Warnshuis: There is just one other matter regarding legislation that you may care to hear about. Senator Gansser introduced a bill amending our Medical Practice Act whereby chiropractors who were ex-service men of the World War and who had been trained in the government training schools by the training board should be granted licenses by our state board upon presentation of certificates of such training.

On the face of the thing it looked very vicious because if that piece of legislation went through it would make it mandatory upon our board to issue licenses to these vocationally trained men of the United States government and it would make Michigan the dumping ground for a horde of these chiropractors who couldn't practice anywhere else. We saw Senator Gansser on two occasions and when we came down to the true motive of his introduction of that bill it came out that there are two chiropractors in the state of Michigan who were trained by this board. They live in the upper peninsula and are friends of Senator Gansser through the Legion. On that basis he was trying to get authority for them to practice.

On account of other problems that were before the Legislature we thought it was wisdom to compromise because we know what Senator Gansser is—some of you probably know—and we know that the cry of patriotism for the men who served in the war and who were trained by the government would probably win sympathy among the senators and the people of the state and would cause that act to become law. That would negative the present protective features of our Medical Practice Act. When we found out that there were only two of these men in the state, though there are a lot of others who are practicing who weren't trained by the government, we said to the senator "If these two men should by any chance or happening receive licenses to practice would you withdraw and not present your bill?" He agreed and these two men will be given licenses and that ends the fight. Michigan won't be the dumping ground for chiropractors of that sort. That is wise politics.

That is about all there is on present legislation except what you will find in the Journal this week.

Dr. Marsh: Is Representative Culver's bill to change the law in regard to probate judges still up?

Secretary Warnshuis: Those two bills are still in the committee. The purpose of both those bills is to give the probate judge authority to send indigent people to other than the university hospital. That is the whole purpose of the thing. The last reports I have from Lansing do not say that these bills have been enacted. They do not affect us very particularly except in some counties.

Dr. Marsh: Some counties are taking care of their own indigents. They are keeping them out of the public court.

Secretary Warnshuis: I don't know whether they have been passed or not.

They are still in the committee. Are there any other questions you want to ask on legislation? I don't think we have to call upon you for any more telegrams. I think the situation is pretty well in hand. I think our protest has been well recorded at Lansing.

The next point is the annual meeting. A great deal of publicity will be given in the Journal to this matter. It will be at Mackinac Island on June 16, 17 and 18, Thursday, Friday and Saturday. The entire Grand Hotel, which has a theatre and large ballroom, and two or three rooms like this, is available for our meeting. The program has been arranged. The first day will be given over to the House of Delegates. On Friday and Saturday there will be the so-called scientific days. The several scientific sessions will meet in the morning from eight forty-five to twelve-thirty. The afternoon is given over to sports and pastime, golf, tennis, and handball, rowing and swimming. They have a heated swimming pool. Dr. Marsh is an exponent of archery. He will come forth with a group of archers that are going to challenge the archers of Michigan. They will challenge the golfers. We are trying to arrange an afternoon of friendly sports and an arbitration committee is going to be appointed which will settle all difficulties and prevent any physical battles.

At six-thirty we will meet for dinner. That will be an informal get-together, good fellowship meeting. After the dinner, at eight o'clock, we will have our general session in the theatre of the hotel. On the first evening we will have the president's address and also a paper by Dr. Pemberton of Philadelphia on Arthritis. You know the work that Pemberton has done. He is going to give us a very extensive as well as a very interesting and up-to-date report on the present attitude towards arthritis.

On the second day there will be sessions in the morning and in the afternoon there will be sports, a dinner in the evening and after the dinner Dr. Fishbein of the the Journal of the A. M. A. is going to give us a talk, also Dean Lewis of John Hopkins is going to give us a talk. That will be in the general session on the second evening. After these general programs in the evening there will be an opportunity for dancing and any other games that you may care to get into. I would advise you to stay out of the gambling room. I have been in there and I know that the wheel is against you every time you play it.

That completes the program. We figure that on Saturday evening and Sunday the men could all stay over and have another day of sport. On Sunday afternoon there will be special trains arranged for with the Pennsylvania Railroad to take you home so that you will be home either late that night of early Monday morning. The Detroit men will get into Detroit at six o'clock on Monday morning ready to go to work.

I think this is one of the most unique programs we have ever had for an annual meeting. Those of you who have never been on the island have a wonderful and interesting time awaiting you. It is going to afford a splendid opportunity for the development of professional fellowship. Is there anything you want to know regarding the annual meeting besides that?

The sixth one put down is the endowment foundation. Some publicity has been given this in the Journal. I don't know how many of you have read the editorials and the information imparted on that subject. The idea originated with one man who wanted to contribute a fund to the State Society to be used for the education and the advancement of doctors. Under our organization charter we could not accept such a fund. It was necessary, therefore, to organize an endowment foundation. I am not at liberty to impart the name of the man but the first donation amounted to $50,000 and was received during the last month. When you come to the problem of an endowment foundation and what can be done, I think that it can be built up so that eventually we can have an endowment foundation of probably a quarter of a million dollars. If we can do that then the earnings from the money invested can be expended for the advancement of post-graduate instructions and Society activities and also for the advancement of the doctor. That is going to answer your dues problem eventually.

I don't know how many men there are who can give us $50,000 but we do feel that judiciously approached—and the Council has instructed that no particular stress be laid upon this plan—when the opportunity presents itself and we see somebody among our number who has been blessed with more of this worldly filthy lucre than you or I and who can give us $1,000 or $5,000 or $10,000, then we can in the course of a few years build up a handsome endowment that will be to the advantage of the Society and through the Society to each individual member. I just want to impart that information to you

so that when the question of endowment foundations comes up in your Society you can tell what the idea is. We will give this some publicity from time to time.

The next subject listed is that of district and county clinics. Under the instruction of the Council and Committee on County Societies we have been directed to conduct district post-graduate conferences in each Council district, one each year. Some of the counties or districts desire two or three. It has been the feeling of the Council that these district conferences must not take the place of the County Society program and on that basis we are only to supply one district conference for each Councillor district of the state. We have already conducted four. Another one will be conducted the first of this month, making five. Then we will have to take a vacation for about thirty days because with the closing of the schools, examinations in the schools, the meeting of the A. M. A. the middle of May and with the state meeting coming on the first of June, it wouldn't be advisable to attempt to hold any post-graduate conferences because many of our members will be attending these meetings. Right after the state meeting we will be ready and able to put on the conferences in the other Councillor district. This matter has always been arranged with the Councillor district in conjunction with the state secretary and the wishes and plans and conveniences of each district are being met as far as possible.

Then in reference to the county clinics. To aid the County Society and for their stimulation, especially in those counties that are of a smaller size and away from the larger civic centers, the Council has instructed that we supply and arrange an afternoon program for the County Societies, or arrange a clinic. I make the announcement that each County Society desiring such an afternoon program or clinic indicate when and where they want that program or clinic and we will endeavor to supply the speakers. We have just conducted one at Tuscola County to which we sent Dr. Shawn of Detroit and his assistant who gave a very splendid—from the reports—clinic on goiter and the diagnosis of goiter with a demonstration of cases. That is the type of work we stand prepared to provide for your county programs so as to make your County Society not lose its identity but keep up a standard of education among your immediate members and not fuse it into your district program.

Are there any questions that you would like to ask on this?

Dr. Charters: May I interrupt here for just a moment? Dr. Whittaker called me up last night. As some of you know we have a surgical bulletin which is issued around four o'clock in the afternoon. Dr. Whittaker is the chairman of that bulletin work. His co-workers are members of each hospital in the city of Detroit and we, who are doing the surgical work, are to report to Wayne County, or to the hospital to which we are attached, the operation bulletin for the following day. Every day practically we are listing 200 operations. Last year we listed 30,000 operations in the city of Detroit. These operations are from the hospitals and any man who is doing surgery is listed on this bulletin. We will be more than pleased to have any member of the State Society visit us and see the work that is done. All you have to do is communicate with the secretary of the Wayne County Medical Society and state the day you are going to be in Detroit and the bulletin for the day will be mailed to you. In that way you can take advantage of your stay there and see as many operations as you wish or any varied amount. If any of you contemplate visiting Detroit let our secretary know—that is the house secretary. You can get her and she will mail you the bulletin. Or, if for any reason you want the bulletin sent to your Society we will send it free to any Medical Society that requests it.

We have had a great struggle in Detroit trying to keep this bulletin going. You would be surprised at the amount of quarreling and the upheaval we had in trying to get this bulletin established. The interns fought us from every point. They were like the dog in the manger. They didn't care to list their work, still they didn't want the surgeons to list their work. We have been under quite a strain financially. We have been helped out very wonderfully by the State Society in that regard. The bulletin is a working thing. It is free to you for the asking. We hope you will avail yourselves of the opportunity whenever you happen to be in Detroit.

Secretary Warnshuis: Is there any question that you want to ask regarding these district and county programs or clinics? If not, we will go on to the next subject which is medical defense. Is there any question you want to ask regarding medical defense? Michigan stands out unique in its defense committee, more so than any state in the Union. Some of the other states that have had medical defense, probably because of mismanagement, have discarded it. Michigan today is still defending its members througn the last court. We have been able to do it under the fee or the apportionment of our annual dues. The amount that has been allotted to defense is $2.50 of each member's dues. The defense committee still has a balance to its credit of something like $10,000 reserve, with all bills and all expenses paid. They have sent the personal attorney of the committee and of the state society to each suit or trial that has taken place. It is a serv-

ice for which we owe a lot to Dr. Tibbals who has been the director of this defense committee from the day of its inception some twenty-two years ago.

The next item on the program is the Journal. Are there any questions you want to ask regarding the Journal? I would like to have Dr. Bruce who is chairman of the publication committee of the Journal say something about the Journal.

Dr. Bruce: This is rather unexpected, Mr. Chairman. Those of you who know me and those of you who do not may suspect that I am at least equal in modesty to the gentleman who has just been addressing you, and inasmuch as I have the good fortune this year to be the chairman of the publication committee I don't know that it would be a modest thing to talk about myself or ourselves.

I do wish to say in connection with the Journal that the changes that have been brought about in the last year—and which we owe entirely to the secretary-editor—are very desirable ones. I refer especially to the new cover page and to the rearrangement of space. The Journal should become more and more the recognized and official organ of the Society. I think as time goes on and our organization becomes more complete and each of us in turn is converted to the absolute necessity for a very complete understanding between ourselves, and a more complete organization, that through the Journal we will develop very much more worth while work than we have in the past.

Personally, I am tremendously impressed with the program that has been developed during the last three or four years. The program on clinics on post-graduate work and along all lines is having the tendency that is so much to be desired, a more complete understanding between ourselves, a solidarity which we at no time before possessed and which for our own self-preservation as well as for the welfare of the community is certainly extremely desirable.

Secretary Warnshuis: Are there any other questions on the Journal that you want to ask? Dr. Curry asked me during the lunch hour why we had the green cover. You may have noticed the little squib that we wrote in the editorial comments relating to the fact that somewhere we had gained the idea or the impression that green was symbolic of the medical profession. I know that some of the universities in the gowns of their medical students have a green piping in the caps or have green tassels.

I went to a person whom I always thought was the source of all medical knowledge, Dr. Fishbein and asked him if he knew the origin of that color as being the sign of the medical profession. You will remember his comeback that he didn't know except that it reminded him of the squib about what turns green first in the spring—Christmas jewelry or something along that line. However, just because he didn't know I didn't conclude that that was the end of the inquiry we should make. I finally got in correspondence with a foreign concern in London that had been making caps and gowns and things of that kind and asked them for the origin of the color. The engineers have theirs and the lawyers have theirs, and the various other trades have their piping in their gowns. So I got the reason why green is the color of the profession. I am going to announce it in a succeeding issue of the Journal. After we have done that we will change the color to pink or something else if you like that, Dr. Curry. Is there anything else on the Journal?

Illegal practitioners is the next subject. I stated something on that this morning but will say again on that question this afternoon that the appropriation made by the Council for the investigation of illegal practitioners is being expended somewhat judiciously and somewhat slowly because we did not want to create an impression throughout the state, especially during the session of the Legislature, that we as an organized group of medical men are attempting to take the place of the police authorities or the police powers of the state. We didn't want that to be used as any argument in the Legislature.

However, we have investigated and we have made progress and we have accomplisned something in a number of complaints that have been filed regarding illegal practitioners. The policy of the Society should be one of—shall I say—reserve, that is, the Society must be held in reserve. As a County and State Society we cannot afford to go out and be known as policy officers or that we are proceeding against any one class or group of individuals. By the authority of the Council we have employed a young attorney who is associated with and is a member of a well-recognized firm of attorneys. And it is the purpose as these reports come to us and the more flagrant ones are evidenced to us to send this man there to interview the prosecuting attorney of that county and the sheriff or police authorities of that county and cause them to secure the evidence and make the prosecution and not have the State or County Society appear as the prosecuting agent at all. In the event that the local prosecutor or the local police authority will not perform the duties that belong to him, the contact is made whereby the attorney general of the state will write a letter which will probably cause the local prosecuting attorney

to sit up and take notice. All I can say and all I have authority to say now is that we are in a modest but progressive and expanding way doing something for the protection of the individual member from unjust competition by those who have not met the requirements that our members have been made to meet in regard to practice.

Is there anything else that you want to know on that?

Dr. Martin: I want to ask a question. It doesn't pertain so much to the prosecution of the irregular practitioners, but the looking after some of the things that occur within our own house and what to do with those who are legally allowed to practice medicine and who do illegal things.

We have a man who practiced abortion. A girl testified against him just before she died. What is our duty in a case of that kind? I hesitated as a member of the County Society to enter into any public activity that would prosecute that man. Isn't there some way that we could solicit outside our local organization for help that would cause this doctor to sit up and take notice and perhaps not bring it into the limelight of a prosecution? Just have some pressure brought to bear upon him to correct him in the error of his ways. Perhaps it would be better to do something of that sort rather than prosecute.

Secretary Warnshuis: I would say in answer to that, Dr. Martin, as it was stated this morning, the County Society is the judge and the censor of the conduct of its own members. If you as a County Society have evidence showing that one of your members has transgressed and is engaged in practices that are not approved or that are in violence of the ethics of our organization or in violence of the statutes or laws of our state, I believe it is the duty of your County Society to first, in a friendly way, work with that man and try to convert him and cause him to turn from his path of waywardness. If it is a criminal procedure I believe it is your duty to place the evidence before the local prosecuting attorney. I may be wrong in that attitude but I think that is the attitude that ought to be taken.

President Jackson: I have an idea that the case of illegal practice among our membership places a serious responsibility upon us. This is one of the things I had in mind when I spoke this morning about the modification of our present Medical Practice Act. I believe that if we want to appear in the right light before the public we are in duty bound to come with clean hands. I think it is pretty hard to expect the public to accept us for what we estimate ourselves to be worth if we do not very seriously disprove of such illegal practices among our own membership. I have an idea that this is one of the things that proper machinery for the carrying out of our Medical Practice Act could take care of.

I believe that when you have in your community a man who is known by the rest of the profession to be doing such things, his right to practice medicine in the state should be withdrawn. I don't believe the mere fact that the State Board of Registration has registered him entails any obligation upon them to keep him within the ranks of licensed practitioners. I know that dealing with these individual cases by each County Society is a rather delicate matter because all of these men have friend and they will feel that such and such a man is being dealt with unfairly. I have an idea, however, that if the evidence is fairly conclusive and you are satisfied in your own mind that it has happened more than once and it is a regular practice, he should't be carried on your membership roll. I offer that as my own private view.

Dr. Ellis: What do you do in a case where one of his patients does not complain but boasts about him? He doesn't belong to the Society and you don't want to go after him yourself.

President Jackson: I think the State Board of Registration should have machinery to take care of that.

Secretary Warnshuis: In a certain community in the state there was a man who had been running a cancer institute and had been preying on the poor victims of cancer who are hopeless. He had been obtaining large fees for cancer cases. We knew of his pernicious practice and we knew of his defrauding these people and the promises that he had made. The question was to get the evidence against the man. However, things eventually shaped themselves around nicely.

He foolishly went to Connecticut and gave his treatment, or rendered his treatment to one or two people in Connecticut and was promptly arrested by the Connecticut Board of Registration and Medicine, hailed into court, fined $600 and costs. During the course of the year he had been apprehended five times by the police department for drunkenness and had been fined twice in police court for drunkenness, once in a gambling den. We got the evidence of conviction in Connecticut, and we got the two evidences of conviction in police court for drunkenness, which covered the charge of moral turpitude and with that evidence presented to the State Board of Registration he has been cited to appear in June to give cause why his li-

cense should not be revoked. We can then get an injunction for the cancer institute.

We are doing some things but sometimes it takes a little time to get around to where you can get the man where you are safe.

Dr. Marsh: Is it necessary for a man to be convicted of a felony in order to have his license revoked?

Secretary Warnshuis: The law says they will revoke for the following causes: Undue, or unwarranted promises of cure; the employment of cappers; moral turpitude; infraction of the criminal law and a few other things of that kind. Advertising to cure venereal diseases is one of the other grounds upon which a license may be revoked. But you have to get your certificate of conviction on these charges in the other court, and that is sufficient cause for the Board to cause revocation of the license.

Dr. Marsh: What about abortions?

Secretary Warnshuis: I told you about the one that came from Chicago this morning. These men producing abortions are simply causing it through a hemorrhage or some other way. Then the individual goes home and the doctor is called. That is a problem that every hospital has to contend with. I know that we have had to contend with it at Grand Rapids. Then they are admitted to the hospital as an incomplete or a partially completed abortion, or one with a very severe hemorrhage. You as a doctor or a staff man have to take care of it. Under our present method of treatment today these people get along without difficulty and when they are out of their trouble they won't swear to any warrant to anybody else and you can't get evidence. If you could get any evidence, even presumptive evidence, affidavits that this individual is doing this as a routine practice and that you have knowledge that so and so, or a certain number of people have done it, I think you might be able to put a scare into that individual. But the hard thing to get is the evidence. When you think you have the evidence and you put the individual on the stand they will backwater every time.

Dr. Marsh: It seems to me that under the fear of death the securing of an ante-mortem statement is about the only evidence that is worth a dime.

Dr. Martin: Is an ante-mortem made just before death satisfactory evidence?

Secretary Warnshuis: It is usually so construed by the courts.

Dr. Stone: The question that comes up, if my information is correct, is whether or not the patient knew that she was dying when that statement was made.

Secretary Warnshuis: You want to have included in the statement "in fear of death" or "in view of impending death."

Dr. Martin: That has to be in the statement.

Dr. Knapp: Suppose it is simply a voluntary statement that the patient received the initial operation for abortion at the hands of a certain doctor in a town. She signs it in the presence of witnesses, what then?

Secretary Warnshuis: If she will substantiate that thing it is all right, but you can't get that girl to substantiate it in court. She may say she will but when it comes to a court trial she won't do it.

Dr. Martin: Such a statement is no good after the girl is dead unless it states fear of death.

Dr. Marsh: You can get a notary public to put her under oath.

Dr. Martin: What if she doesn't die?

Secretary Warnshuis: She may revoke her statement and say she didn't do it. That is the problem you have with one like that. I want to say in conclusion on this subject that your Council, through its officers, are not unmindful of your interest in this and we are going as fast and as far as we can. We don't want to make a misstep or get into any difficulties. Are there any other questions regarding the County Society and its administration that some of you men may have on your minds as a result of this conference or as the result of your experience in your local county?

Dr. Clark: When Dr. Crane was talking about the auxiliary it occurred to me that more use might be made of a closer co-operation between the graduate nurses association and the State Society. I wondered if that might not be worked out.

Secretary Warnshuis: A year ago when the State Association of Registered or Graduate Nurses had their meeting at Traverse City I appeared before them and gave them a talk on the status of organized medicine and what we were doing in Michigan. I asked them that inasmuch as they were in such close contact with the patients and their families to a greater extent than the doctors, that they make it a point to cause each nurse to impart some truth or statement or fact regarding scientific medicine and some information or truth regarding these various cults and the Bernar McFaddens and all that sort of thing. They agreed to do that but since that time in spite of correspondence with them no further definite activity has been taken. They haven't gone further with it. The thing with them seems to be how much more money they can get and how many less hours they can put in.

They have, however, within the last year employed a full-time secretary who is now

in Lansing. Maybe we can secure some opportunity to make connections and come in closer contact witn them. I will say, however, that this organization of what we call our joint legislative committee or commission, which has representatives on it from the State Society, the University, the State Department of Health, the State Dental Society, State Nurses and the State Tuberculosis Society, have through their nurse representative shown some interest in our medical problems and I think we are a litlte nearer than we have been in the past. However, nothing definite has been accomplished. I think that is one of the points where our auxiliary may be quite valuable to the County Society and profession by maintaining liaison with the local nurses' organization and influence them to activity along these lines.

President Jackson: I'd like to supplement that by saying that the State Nurses' Association has for several years taken a very active interest in the work of our joint committee on public health education. A representative is always there and a number of nurses have taken part in this extension program. We have that cooperation from the nurses. They have done some very good work in that extension program.

Secretary Warnshuis: Mr. President: Some years ago, in fact, a good number of years ago when Dr. Schenck was state secretary he conceived tne idea of these conferences of county secretaries. It was my privilege, at that time, to have joined in organizing the first county secretaries organization in Michigan and to have been its first president. Our meetings were held, like today, each year in conjunction with our state meeting. Then things came on, there was the war and after the war these meetings were abandoned. It was about four years ago that the Council again authorized and instructed the calling of these conferences. They felt that these conferences should be held at a time away from our annual meeting when there were so many other things that detracted attendance at this meeting. Therefore, it has been held on a day like this.

I would suggest to you that this group of secretaries convened here today, reorganize by the election of their own president and secretary of a County Secretaries Association and that the conferences in the future be conducted by the officers elected by the secretaries themselves and that they be joined by the officers of the State Society and the Council. I think this County Secretaries Association can be of value to each of us, because after all it is as you and I manifest and record our enthusiasm that we are going to progress in the line of professional activity. Unless we band ourselves in this way for mutual helpfulness we are going to have a harder row to hoe than we have had in the past.

President Jackson: The president is willing to entertain a motion, or hear a discussion of the plan of the secretary-editor.

Dr. Corbus: I move we adjourn and leave the County secretaries to take care of this matter.

Secretary Warnshuis: You men can take that up by appointing a temporary chairman and you can perfect plans of organization. We will try to comply with your wishes whatever they are.

President Jackson: Dr. Curry, I will ask you to take the chair. You men can perfect your own organization.

* * *

. . . Dr. Curry took the chair as the secretaries went into session . . .

Chairman Curry: You have heard the question, it is on the formation of a County Secretaries Association. What is your pleasure on that?

Dr. Finton: May I say that we should put this into effect, that is, that the suggestion made by Dr. Warnshuis should be carried out at this time.

. . . The motion was variously seconded . . .

Chairman Curry: You have heard the motion. Is there any discussion of it?

Dr. Clay: I am not so sure that I think this is a good idea myself. I think the chairman of the Council and the secretary of the State Society are in very close touch with matters that are going on, such as have been mentioned here, legislative matters and things of that sort. Unless those things are communicated to the president of such an organization as this it would not be of very much value. I think the men who are in touch with those things are the men who should present them to the secretaries. We might have an organization, but I am not so sure that it would be of very much value.

Chairman Curry: Is there any further discussion?

Dr. Langford: It seems to me that the secretary has the right attitude with regard to a permanent secretary who would be on the job to keep in touch with. But our offices being only tentative, usually for one year only, I think the situation would be better handled if it continued as at present.

Dr. Ellis: I think that is another reason why Dr. Clay's suggestion is a good one. Inasmuch as the secretaries change from year to year it would be a pretty hard thing to have a president of the association keep it going. I don't believe the organization would hold up very much. There would be a lot of correspondence to take care of. I don't think it would be a working organization at all.

Dr. Finton: There seems to be sentiment

against this and with the permission of the seconder I will withdraw my motion.

Chairman Curry: The motion has been withdrawn.

Dr. Langford: I move that it is the sense of this group that the present organization be continued with the same management as before.

... The motion was seconded and carried ...

Dr. Knapp: In order to make it possible to do more efficient work and be of more help to the Society which we represent, I would like to suggest or offer a resolution that it is the consensus of opinion that secretaries, at least in County Societies, serve more or less continuously in their jobs. Organizations seem to feel that it is an honor that should be passed around or for some other reason they elect a new secretary. It takes about a year for a secretary to get going. It is true that as we become experienced in our work we can do better work and if efficiency is wanted in each local Society a man has to have training to be efficient. If it could be arranged that men would serve year in and year out then perhaps an effective organization could be perfected among ourselves and it might serve some purpose. At the present time, however, with the personnel changing almost entirely every year we don't get anywhere.

Chairman Curry: Do you mean that you are offering a resolution that the County Societies be offered a suggestion that their secretaries be appointed for more than one year at a time as a result of this meeting today? Also do you mean for us to carry that back to our County Societies?

Dr. Knapp: Put it through the proper channels to get it to them. That might not look well coming from us. However, I will make that as a motion.

... The motion was seconded and carried ...

Chairman Curry: About three years ago we formed a secretaries organization or association in Kalamazoo. That is all that it ever amounted to. (Laughter). It has not been disbanded as far as I know.

Dr. DeVries: There is one suggestion I have. Several of us are also serving as treasurers. I think if you can shift that responsibility to another man you can devote more time to your job as secretary. In that event I think it would be possible to serve more than one or two years.

Chairman Curry: In view of Dr. DeVries' remarks I will entertain a motion that we suggest to our County Societies that we abolish the position of secretary-treasurer and make two jobs out of that. I will entertain such a motion at this time.

Dr. DeVries: I will make a motion that the office of secretary and treasurer now be given to two members of each individual Society.

Chairman Curry: Our motion is in the form of a suggestion to our County Societies.

Dr. Marsh: In our County we have a separate secretary and treasurer and it works out beautifully. I will second that motion.

... The motion was unanimously carried ...

Chairman Curry: Is there any further discussion or any further business to come before us?

Dr. Ellis: I move we adjourn.

... The motion was seconded and carried ...

... The meeting adjourned at four-forty-five o'clock.

ARCHERY FOR RECREATION

The numbers that are attracted by the universal appeal of archery, are increasing by leaps and bounds. Time was, when to most disinterested folks, archery or "bow-and-arrowing" was merely juvenile pastime, and placed in about the same classification as marbles, kite flying, and "shinny."

Today, the grown ups, are, if anything the more enthusiastic over the pleasures of shooting the long bow. It is an ideal form of recreation for those whose occupation confines them through the most of the day. The pulling of the long bow is particularly good for people of sedentary occupations, as the attendant exrecise brings into play the muscles that do not receive their "daily dozen." Doctors and other professional men and women seem to find in archery that which they need in the way of recreation. It is a unique and virile sport, and the loosing of a shaft brings an exhiliration difficult to describe. "That dead center shot at 50 yards!" will always be a topic of conversation.

Today in many sections there seems to be a tendency toward shooting at rovers, archery, golf and open field work rather than the range or target shooting. Many do not find that target shooting produces the thrill, and enjoyment that the roving type seems to supply. Courses may be laid out similar to those used in golf, and the purpose is for each archer to complete the prescribed number of "holes" in the minimum number of shots, as in golf. This form of shooting furnishes some keen competition, and close scores.

Another method of archery is to shoot at rovers, which consists of using for a target any mark such as an old stump, or tuft of grass. The archer coming nearest to each successive target selects the next mark to be shot at.

The equipment of the archer consists of a long bow and a half dozen or more arrows, a quiver and arm guard. The men's size bow should weigh around 42 pounds, and 28 inch arrows should be used. For the ladies, five foot six inch sizes seem to be preferable, and 26 inch arrows are proper. The latter should weigh around 30 pounds. In either case it is a distinct drawback to the archer to be "overbowed."

Arrows are brightly decorated to facilitate finding in long grass and bushes. The arm guard should be worn to receive the recoil of the bow string which is severe, and would otherwise make shooting painful. The quiver may be worn around the waist or baldric style, with the strap coming across the chest, so that the arrows may be withdrawn from over the shoulder.

The expense involved in the selection of a full equipment is very moderate. On the other hand if one is comparatively handy with tools and enjoys fashioning things, much pleasure can be had from making ones own equipment.

So, if you would engage in a sport fit for kings —get yourself a good long bow and a quiver of arrows and hie yourself to the hills and fields for—

"Here's to the bow and the well sent shaft,
Flung straight from the bow—sunk up to the haft—
There is no sound appeals more to me—
That seems to sort o' set me free—
Than the music of the well sent shaft!"